



April 22, 2015

U.S. EPA, Region 9
NPDES/DMR, ENF-4-1
75 Hawthorne Street
San Francisco, CA 94105-3901

Attention: Mr. Jared Blumenfeld

Re: Discharge Monitoring Report – First Quarter 2015 Platforms Ellen, Elly, and Eureka NPDES Permit CAG280000

Dear Mr. Blumenfeld:

This letter and its attachments include Discharge Monitoring Reports (DMRs) for the reporting period of January, February, and March 2015 for Beta Offshore Platforms Ellen, Elly and Eureka.

All produced fluids from Platform Eureka are piped to Platform Elly for processing. Platforms Elly and Ellen are two separate platforms attached by a bridge, thus they have the same latitude and longitude listed in their DMRs. We have submitted separate DMRs for each of the three platforms since there are separate NPDES discharges associated with each platform. Oil production wells are located at Platforms Ellen and Eureka. Platform Elly serves as a processing facility and contains most of the production treatment processes. This is the only platform that may occasionally discharge produced water. There are no drilling related activities or wells on Platform Elly. Production fluids generated at Ellen and Eureka are sent to Elly for further processing and back to Ellen for injection.

Attachment 1: EPA DMR forms (3320-1) for Eureka, Elly and Ellen which were supplied by EPA on January 6, 2015.

Attachment 2: Listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) for each platform.

Attachment 3: Provides pre-dilution and post dilution chlorine results for non-contact cooling water discharges in accordance with Appendix C of the permit for each platform.

Attachment 4: Summarizes discharges that are prohibited.

Attachment 5: Includes copies of the official state certified lab reports and laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.) for each Platform.

Attachment 6: Chemical inventory for drilling mud used on Well A-33 for Platform Ellen. There were no drilling fluids discharged.

Discharge Overview

Drilling Muds and Cuttings (001):

On Platform Ellen drilling activities took place on Well A-33 with a spud date of December 15, 2014. The well was completed on February 9, 2015. There were no drilling discharges associated with this well. As required in the permit, the results of the drilling monitoring activities are included within the DMR reporting period occurring at least 45 days after the completion of the well.

Drilling activities also took place during the month of March on Well A-36 with a spud date of March 27. The well is not yet complete. There were no associated discharges and the results of the drilling monitoring activities will be included within the DMR reporting period occurring at least 45 days after the completion of the well.

Produced Water (002):

Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, often times the discharge may only occur for a few hours or less. In calculating the dilution for each quarter, we use the average produced water daily rate based on the actual barrels of water per day "rate". As an example, if 100 barrels were discharged in one hour, the actual rate would extrapolate to a 2400 barrels of water per day (BWD) "rate", instead of only 100 BWD. This better represents the flow velocity used in the EPA Plume dilution calculation.

There was one day of produced water discharge lasting 9 minutes during the month of March for Platform Ellen. Weekly Oil & Grease result is included in the DMR as end of pipe value. The Red Abalone toxicity resample was completed in March (see attachment 5) and the results are included in the DMR. The resample was due to the lab having abalone spawning issues last quarter.

Well Treatment Completion and Workover Fluids (003):

WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There were two well treatment, completion and workover fluid type jobs performed during this quarter at Platform Ellen. There was no discharge of fluids. A chemical inventory is available on request.

Deck Drains (004):

Platform Ellen's deck drains are commingled with production and sent to Platform Elly. Platform Elly's deck drain volumes are commingled with production at Elly and injected with produced water at Ellen (refer to produced water monitoring requirements in the DMR if discharged). Deck drains on Platform Eureka are sent to a disposal well on Eureka and not discharged.

Sanitary and Domestic Waste (005):

Platforms Ellen and Eureka both operate a United States Coast Guard approved Marine Sanitation Device (MSD). Although these devices are capable of treating both sanitary and domestic waste, some of the domestic waste (as laundry water) is not discharged. At Platform Ellen, these domestic volumes are commingled with production and sent to Platform Elly/Ellen for injection with produced water. The sanitary waste commingles with sinks and shower water and is properly treated and chlorinated through the MSD discharged at Platform Ellen.

Platform Eureka also has sanitary and domestic waste water discharges (refer to the DMR). Domestic waste water (as laundry water) is sent to a disposal well and not discharged at Eureka. Sanitary wastes are treated through a USCG-approved MSD and discharged at Eureka. There are no sanitary/domestic waste discharges at Platform Elly.

Fire water (008):

Fire water at Platforms Ellen and Elly are commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

Non-contact Cooling Water (009) - Combined with Excess Sea Water:

Non-contact cooling water (as sea water) may be discharged at all three platforms. Separate discharges occur through separate outfalls for each of the three platforms. Seawater pumps deliver water throughout the platforms for use as non-contact cooling water, marine sanitation device feed water and for sanitary usage supply. Any excess seawater not used for these sources has been previously reported under uncontaminated water in the DMRs under a separate discharge (016). When the non-contact cooling water is discharged it can be combined with the excess seawater discharges at Eureka and Ellen. Since the platforms add low dosages of chlorine treatment to this part of the system, chlorine monitoring has been performed on the chlorinated discharges and if applicable, includes excess seawater in addition to the non-contact cooling water. Thus, the DMR reports the total water discharged for both sources (non-contact cooling water and excess seawater). Both volumes and chlorine results for the combined discharges are listed in the DMR under non-contact cooling water for Eureka and Ellen. Elly has only non-contact cooling water. Any separate uncontaminated discharges that occur, will continue to be reported independently under discharge (016) in the DMR.

The chemical inventory for non-contact cooling water (Attachment 2) was based on Operations' daily estimates using a Hach color wheel chlorine test kit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Should you have any questions or require any additional information, please contact me at (562) 628-1526.

Sincerely,



Marina Robertson
HSE Manager

cc (via email):

Mr. James Salmons
Bureau of Safety & Environmental Enforcement (BSEE)
760 Paseo Camarillo, Suite 102
Camarillo, CA 93010

Ms. Alison Dettmer
Energy and Ocean Resources Unit
California Coastal Commission
45 Fremont, Suite 2000
San Francisco, CA 94105-2219

Ms. Susan Zaleski
Office of Environment
Bureau of Ocean Energy Management (BOEM)
760 Paseo Camarillo, Suite 102
Camarillo, CA 93010

Platform Elly

Attachment 1

EPA DMR

PERMIT NO. CAG280000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	001A-A
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
MM/DD/YYYY	MM/DD/YYYY 01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Drilling cuttings, volume	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE	MEASUREMENT							
82596 1 0 Effluent Gross	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****	Daily	ESTIMA
Drilling cuttings, volume	*****	0	bbl	*****	*****	*****	*****	Annual	Calcd
82596 EG 0 Effluent Gross	*****	18150 YTD TOT	bbl	*****	*****	*****	*****	Annual	CALCTD
LC50 Static 96-Hr Acute Mysid. Bahia	SAMPLE	*****	*****	*****	*****	*****	*****		
	MEASUREMENT								
TAB3E 1 0 Effluent Gross	*****	*****	*****	3	*****	*****	%	Contingent	GRAB
LC50 Static 96-Hr Acute Mysid. Bahia	SAMPLE	*****	*****	*****	*****	*****	*****		
	MEASUREMENT								
TAB3E EG 0 Effluent Gross	*****	*****	*****	3	*****	*****	%	Contingent	GRAB
LC50 Static 96-Hr Acute Mysid. Bahia	SAMPLE	*****	*****	*****	*****	*****	*****		
	MEASUREMENT								
TAB3E O 0 See Comments	*****	*****	*****	3	*****	*****	%	Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 TYPED OR PRINTED		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling Fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment when applicable
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
DISCHARGE NUMBER	002A-A
DISCHARGE DATE	MM/DD/YYYY 01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Produced Water Monthly
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil and grease, hexane extn method	*****	*****	*****	*****	*****	*****			
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	29	DAILY MX	mg/l
Produced water, flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	bb/d	42	*****	Weekly
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****	*****	*****	GRAB
Produced water, flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	bb/yr	2325	*****	Daily
82600 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	bb/yr	10950000 YTD TOT	*****	ESTIMA
									Calcd
									CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	MM/DD/YYYY	AREA Code NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- WTCPWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with production & processed at platform Elly.
- Produced water annual cumulative flow from March 1st thru Feb 28th each year
- Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5" PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	003A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
External Outfall	01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Well Treatment, Completion and Workover Fluid
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE	*****	*****	*****	*****	*****	29	DAILY MX	mg/L
	MEASUREMENT	*****	*****	*****	*****	*****			
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO AVG	*****	Once per Occurrence
	SAMPLE	*****	*****	*****	*****	*****			
Number of Events	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	GRAB
	PERMIT REQUIREMENT	*****	*****	Req. Mon. TOTAL	#	*****			
51484 1 0 Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	CALCTD
	MEASUREMENT	*****	*****	*****	*****	*****			
Well fluids, free oil	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	Once per Discharge
	SAMPLE	*****	*****	*****	*****	*****			
82603 1 0 Effluent Gross	MEASUREMENT	*****	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Well fluids, volume	SAMPLE	*****	*****	*****	*****	*****	*****	*****	Once per Occurrence
	MEASUREMENT	*****	*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl	*****	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526 AREA Code NUMBER MM/DD/YYYY	DATE 04/22/2015
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, Refer to Attachment when applicable

4. There are no wells or drilling activities at Platform ELLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35.25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	004A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Deck Drainage
 External Outfall
 No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE	*****	*****	*****	*****	*****	*****	*****	ESTIMA
	MEASUREMENT	*****	*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly
	SAMPLE	*****	*****	*****	*****	*****			
Free Oil Visual Sheen	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	*****	*****	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Daily

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i> Jim Guion	TELEPHONE (562) 628 1526	DATE 04/22/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Free Oil Sheen - # days observed
- NODI (A): Deck Drainage is commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULATED ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01148
DISCHARGE NUMBER	005A-A
MONITORING PERIOD	(SUBR FW) Domestic and Sanitary Waste External Outfall
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Domestic and Sanitary Waste
 External Outfall

No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
51667 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
Sanitary waste, residual chlorine	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1	10	mg/L
82605 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	MINIMUM	MAXIMUM	Monthly GRAB
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	
Sanitary waste, flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
82606 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Monthly ESTIMA
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
Sanitary waste, solids	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	*****	*****	*****	*****	*****	
82607 RW 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
Receiving Water	PERMIT REQUIREMENT	*****	# dis/d	*****	*****	*****	*****	*****	
Domestic waste, foam and floating	SAMPLE MEASUREMENT	*****	Req. Mon. MO AVG	*****	*****	*****	*****	*****	DAILY VISUAL
solids	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
82608 RW 0	SAMPLE MEASUREMENT	*****	Req. Mon. MO TOTAL	*****	*****	*****	*****	*****	
Receiving Water	PERMIT REQUIREMENT	*****	#/mo	*****	*****	*****	*****	*****	DAILY VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	Jim Guion Executive Vice President, Chief Operating Officer	TELEPHONE	DATE
		(562) 628 1526	04/22/2015
		AREA Code	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste, as laundry, is commingled with produced water and injected. Domestic waste from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5"2
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER	CAG001148	DISCHARGE NUMBER	006A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	01/31/2015
No Discharge	<input checked="" type="checkbox"/> C		

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Blowout Preventer Fluid	
External Outfall	

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS		
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	*****	*****	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
51689 RW 0 Receiving Water	PERMIT	*****	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		
Floating solids or visible foam- visual/days	SAMPLE	*****	*****	*****	*****	*****	*****	*****	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
51705 RW 0 Receiving Water	PERMIT	*****	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04 22 2015
TYPED OR PRINTED	AREA Code MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.52"
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01148	007A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/31/2015
01/01/2015	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Desalination Unit Discharge
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNIT	VALUE	VALUE	UNITS			
Floating solids or visible foam-visuals/days	*****	*****	*****	*****	*****	*****			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
51705 RW0 Receiving Water									VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	008A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Fire Control System Water
01/01/2015	External Outfall

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Fire Control System Water
 External Outfall
 No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	0	Daily Visual
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d		Daily VISUAL
51705 RW0 Receiving Water										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED		AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2
- Fire Control System Water is commingled with Produced Water and is injected. Small amounts may be discharged overboard during fire water system testing. The firewater is not chlorinated or chemically treated.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PARTICULATED INFORMATION (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35.25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	009A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Non-Contact Cooling Water
01/01/2015	External Outfall
	No Discharge <input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall
No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE	*****	*****	*****	.00061	mg/L	0	Quarterly	Grab
	MEASUREMENT	*****	*****	*****	.0061	mg/L	0	Quarterly	GRAB
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	.00585	DAILY AVG	Quarterly	GRAB	
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	DAILY MX			
	MEASUREMENT	*****	*****	*****	*****				
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****				
Receiving Water	SAMPLE	*****	*****	*****	0	d	0	Daily	Visual
	MEASUREMENT	*****	*****	*****	Req. Mon.	d	Daily	VISUAL	
Flow	SAMPLE	5,143	bb/d	*****	MO TOTAL	*****			
	MEASUREMENT	*****	bb/d	*****	*****	*****			
74076 1 0	PERMIT REQUIREMENT	Req. Mon.	*****	*****	*****	*****	0	Monthly	Estima
Effluent Gross	SAMPLE	MO AVG	bb/d	*****	*****	*****	*****	Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526 AREA Code NUMBER	TELEPHONE	DATE 04/22/2015 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1 Chemical Inventory refer to Attachment 2
2. When present, Chlorine values are reported post-dilution per EPA Plumes UM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148	DISCHARGE NUMBER	010A-A
MONITORING PERIOD	MM/DD/YYYY	(SUBR FW)	MM/DD/YYYY
MM/DD/YYYY	01/01/2015	External Outfall	01/31/2015
No Discharge	<input checked="" type="checkbox"/> C		

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
Ballast and Storage Displacement Water
External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****			
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****			
74076 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		(562) 628 1526	04/22/2015
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.52"
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	011A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
External Outfall	No Discharge <input checked="" type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Bilge Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	Monthly	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER	MM/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF01148	012A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
01/31/2015	

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall
No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> <p><i>[Signature]</i></p>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER MM/DD/YYYY				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	013A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Test Fluids
External Outfall
No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT								
51689 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT								
Floating solids or visible foam-visual/days	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
51705 RW 0	SAMPLE	*****	*****	*****	*****	*****			
Receiving Water	MEASUREMENT								
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
74076 1 0									
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>M</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
		AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35.25 LO 118 07.37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	014A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/31/2015
External Outfall	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148	DISCHARGE NUMBER	015A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	01/01/2015		Bulk Transfer Material Overflow
			External Outfall

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Bulk Transfer Material Overflow
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
51705 RW 0 Receiving Water									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all statements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
		AREA Code NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5" PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	016A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Uncontaminated Water
01/01/2015	External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
Receiving Water										VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	(562) 628 1526 AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	017A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Water Flooding Discharges
01/01/2015	External Outfall

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
No Discharge	C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion			
Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code		
	NUMBER		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	018A-A
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
MM/DD/YYYY	MM/DD/YYYY 01/31/2015
No Discharge	A

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Laboratory Waste
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526	04/22/2015	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Laboratory Waste commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	019A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Excess Cement Slurry
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
74076 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	YTD TOT	0	bb/yr	*****	*****			
Flow	PERMIT REQUIREMENT	1200	bb/yr	*****	*****	*****			
74076 EG 0									
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guijon Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.
2. There are no wells or drilling activities at Platform ELLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPATEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.52"
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148	DISCHARGE NUMBER	020A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
	01/01/2015		Muds, Cuttings and Cement at Sea Floor
			External Outfall

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Muds, Cuttings and Cement at Sea Floor
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT								
51689 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Receiving Water									
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT								
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Receiving Water									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<i>[Signature]</i>		
Jim Guion			
Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		(562) 628 1526	04/22/2015
	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5"2
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	021A-A
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
MM/DD/YYYY	MM/DD/YYYY 01/31/2015
No Discharge	<input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Hydrotest Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L	Monthly
	MEASUREMENT	*****	*****	*****	*****	*****			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	GRAB
	SAMPLE	*****	*****	*****	*****	*****			
Free Oil Visual Sheen	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			
Flow	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****			
74076 1 0 Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	ESTIMA
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY
LOCATION: LAT 33°35'.25 LO 118°07'37.52'
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	022A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	H2S Gas Processing Waste Water
01/01/2015	External Outfall

No Discharge C**DMR Mailing ZIP CODE:** 90802**MINOR**

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	*****	*****	*****	*****	*****	*****	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	SAMPLE	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA MONTHLY
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

AREA Code	NUMBER	TELEPHONE	DATE
(562)	628 1526	04 22 2015	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	001A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/01/2015
MM/DD/YYYY	02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51707 1 0 Effluent Gross Cadmium [Cd], in barite, dry weight	PERMIT REQUIREMENT	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****			End Of Well GRAB
78244 1 0 Effluent Gross Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
78245 1 0 Effluent Gross Drilling fluids, free oil	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	DAILY MX mg/kg	Once per Batch GRAB
82589 1 0 Effluent Gross Drilling fluids, volume	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	DAILY MX mg/kg	Once per Batch GRAB
82594 1 0 Effluent Gross Drilling fluids, volume	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	Daily when Discharging GRAB
82595 1 0 Effluent Gross Drill cuttings, free oil	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	Daily ESTIMA
82594 EG 0 Effluent Gross Drill cuttings, free oil	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	0	bbl	*****	*****	*****	*****	Annual Calctd
82595 1 0 Effluent Gross Drill cuttings, free oil	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	49950 YTD TOT	bbl	*****	*****	*****	*****	Annual CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<i>[Signature]</i>		
Jim Guion Executive Vice President, Chief Operating Officer			
TYPED OR PRINTED	TELEPHONE	DATE	
	(562) 628 1526	04/22/2015	
	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment when applicable
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

4. There are no wells or drilling activities at Platform ELLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'.25 LO 118°07'37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	002A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Produced Water Monthly
02/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Produced Water Monthly
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oil and grease, hexane extr method	*****	*****	*****	*****	*****	*****			
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	29	DAILY MX	mg/l
Produced water, flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	42	mg/l	GRAB
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Daily ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	*****	2325	bbl/yr	*****	*****	*****	*****	Calcd
82600 O 0 See Comments	PERMIT REQUIREMENT	*****	10950000 YTD TOT	bbl/yr	*****	*****	*****	*****	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		(562) 628 1526	04/22/2015	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with production & processed at platform Elly³.
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICIPATE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5" PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	003A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Well Treatment, Completion and Workover Fluid External Outfall
02/01/2015	No Discharge <input checked="" type="checkbox"/> C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE	*****	*****	*****	*****	*****	*****	29	42	mg/L
	MEASUREMENT	*****	*****	*****	*****	*****	*****			
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MO AVG	DAILY MX	Once per Occurrence
	SAMPLE	*****	*****	*****	*****	*****	*****			
Number of Events	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
51484 1 0 Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	CALCTD
	MEASUREMENT	*****	*****	*****	*****	*****	*****			
Well fluids, free oil	PERMIT REQUIREMENT	*****	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****	Once per Occurrence
	SAMPLE	*****	*****	*****	*****	*****	*****			
82603 1 0 Effluent Gross	MEASUREMENT	*****	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****	Once per Discharge
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Well fluids, volume	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
	MEASUREMENT	*****	*****	*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	*****	*****	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guijon Executive Vice President, Chief Operating Officer TYPED OR PRINTED		(562) 628 1526	04/22/2015	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, Refer to Attachment when applicable

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTY NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25"LO 118°07'37.5"2
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	004A-A
MONITORING PERIOD	MM/DD/YYYY 02/01/2015
MM/DD/YYYY	MM/DD/YYYY 02/28/2015

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Deck Drainage	
External Outfall	No Discharge <input checked="" type="checkbox"/> A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Flow rate, deck drainage	*****	*****	*****	*****	*****	*****	*****	*****	
51666 1 0									
Effluent Gross	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	*****	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
51689 RW 0									
Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering this information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>ml</i>	TELEPHONE (562) 628 1526 AREA Code NUMBER MM/DD/YYYY	DATE 04/22/2015
--	---	--	--	--------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Free Oil Sheen - # days observed
- NODI (A): Deck Drainage is commingled with Produced Water

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER	CAFF001148	DISCHARGE NUMBER	003A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	02/01/2015		Well Treatment, Completion and Workover Flui
			External Outfall

No Discharge C

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Flui
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	29	42 DAILY MX	mg/L Once per Occurance GRAB
Number of Events	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****	Once per Occurance CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****	Once per Discharge GRAB
Well fluids, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl	*****	*****	*****	*****	*****	Once per Occurance ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Executive Vice President, Chief Operating Officer	<i>[Signature]</i>	AREA Code	(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Type and # of Job: Completion, workover, treatment or combination.
- Free Oil Static Sheen Test.
- Chemical Inventory: Refer to Attachment when applicable

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01148
MONITORING PERIOD	MM/DD/YYYY 02/01/2015
DISCHARGE NUMBER	004-A-A
DISCHARGE DATE	MM/DD/YYYY 02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Deck Drainage
 External Outfall

No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate, deck drainage	*****	*****	*****	*****	*****	*****		*****	
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbi/d	*****	*****		*****	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		*****	Monthly
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		(562) 628 1526	04/22/2015	AREA Code
TYPED OR PRINTED		NUMBER		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed
2. NODI (A): Deck Drainage is commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	005A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/01/2015
External Outfall	No Discharge <input checked="" type="checkbox"/> A

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51667 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Sanitary waste, residual chlorine	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
82605 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****			
Sanitary waste, flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82606 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Sanitary waste, solids	PERMIT REQUIREMENT	Req. Mon. MO AVG	# dis/d	*****	*****	*****			
82607 RW 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Receiving Water	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****			
Domestic waste, foam and floating	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
solids	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	#/mo	*****	*****	*****			
82608 RW 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Receiving Water	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	#/mo	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015 AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen. Domestic Waste, as laundry, is commingled with produced water and injected. Domestic waste from showers and sinks is commingled with sanitary at Platform Ellen DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5" PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148	DISCHARGE NUMBER	006A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	02/01/2015		Blowout Preventer Fluid
			External Outfall

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil/Visual Sheen	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51689 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	Daily	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL		
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51705 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	Daily	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER	MM/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01148	DISCHARGE NUMBER	007A-A
MONITORING PERIOD	MM/DD/YYYY	(SUBR FW)	MM/DD/YYYY
PERMIT REQUIREMENT	02/01/2015	External Outfall	02/28/2015
No Discharge	C		

DMR Mailing ZIP CODE: 90802
MINOR
 Desalination Unit Discharge
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	TYPED OR PRINTED	(562) 628 1526	04/22/2015	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35.25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	008A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Fire Control System Water	
External Outfall	
No Discharge	<input type="checkbox"/>

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	0	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****	Req. Man.	0	Visual
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO TOTAL	d	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion			
Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
	(562)	628 1526	04 22 2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2
- Fire Control System Water is commingled with Produced Water and injected. Small amounts may be discharged overboard during fire water system testing. The firewater is not chlorinated or chemically treated.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	009A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Non-Contact Cooling Water
02/01/2015	External Outfall

No Discharge

DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE	*****	*****	*****	NODI (9)	NODI (9)			
	MEASUREMENT	*****	*****	*****					
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	.00585 MO AVG	DAILY MX		Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	0	d	Daily
	MEASUREMENT	*****	*****	*****					Visual
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
Receiving Water	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	5,143	*****	bb/d	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****			
74076 1 0									
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1 Chemical Inventory refer to Attachment 2
- 2 When present, Chlorine values are reported post-dilution per EPA Plumes UM.
3. NODI (9): Quarterly/No monitoring required this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULARS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.52"
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01148	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/28/2015
02/01/2015	

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Ballast and Storage Displacement Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE	*****	*****	*****	*****	*****			
Flow	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****			
74076 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering this information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
TYPED OR PRINTED	(562) 628 1526	04/22/2015
AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01148
DISCHARGE NUMBER	011AA
MONITORING PERIOD	MM/DD/YYYY 02/01/2015
MM/DD/YYYY	MM/DD/YYYY 02/28/2015
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Bilge Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Floating solids or visible foam-visual/day's	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA Monthly

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
TYPED OR PRINTED	 Jim Guion Executive Vice President, Chief Operating Officer		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

AREA Code	NUMBER	MM/DD/YYYY
(562)	628 1526	04/22/2015

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01148	DISCHARGE NUMBER	012A-A
MONITORING PERIOD	MM/DD/YYYY	(SUBR FW)	MM/DD/YYYY
MM/DD/YYYY	02/01/2015	Boiler Blowdown	02/28/2015
02/01/2015		External Outfall	

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
TYPED OR PRINTED	<i>Jim Guion</i>

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jim Guion	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Jim Guion</i>
TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25"LO 118°07'37.5" PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	013A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/28/2015
02/01/2015	

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Test Fluids	
External Outfall	No Discharge <input checked="" type="checkbox"/> C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01148	DISCHARGE NUMBER	014A-A
MONITORING PERIOD	MM/DD/YYYY	(SUBR FW)	MM/DD/YYYY
MM/DD/YYYY	02/01/2015	External Outfall	02/28/2015
No Discharge	<input checked="" type="checkbox"/> C		

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Diatomaceous Earth Filter Media
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	NUMBER MM/DD/YYYY	AREA Code MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'.25 LO 118°07'37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	015A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Bulk Transfer Material Overflow
02/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Bulk Transfer Material Overflow
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water							Req. Mon. MO TOTAL		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		(562) 628 1526	04/22/2015
TYPED OR PRINTED		AREA Code	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07.37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	016AA-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/28/2015
02/01/2015	

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Uncontaminated Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01148
DISCHARGE NUMBER	017A-A
MONITORING PERIOD	MM/DD/YYYY 02/01/2015
MM/DD/YYYY	MM/DD/YYYY 02/28/2015
EXTERNAL OUTFALL	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Water Flooding Discharges
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
			AREA Code NUMBER MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5"2
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	018A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/01/2015
No Discharge	A

PERMIT NUMBER (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5"2
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
		AREA Code NUMBER MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Laboratory Waste commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5"2
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	019A-A
MONITORING PERIOD	MM/DD/YYYY 02/01/2015
MM/DD/YYYY	MM/DD/YYYY 02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	*****	*****	*****	*****	*****	*****	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	SAMPLE	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	bb/yr	*****	*****	*****	*****	*****	Calcd
	MEASUREMENT	0	*****	*****	*****	*****			
74076 EG 0 Effluent Gross	SAMPLE	PERMIT REQUIREMENT	1200 YTD TOT	bb/yr	*****	*****	*****	*****	Annual
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER	MN/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.
2. There are no wells or drilling activities at Platform ELLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF01148	020A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Muds, Cuttings and Cement at Sea Floor
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil/Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/day's	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
	<i>JK</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED	TELEPHONE (562) 628 1526	DATE 04/22/2015
	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01148	DISCHARGE NUMBER	021AA
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	02/28/2015
	02/01/2015		
			No Discharge <input checked="" type="checkbox"/>

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Hydrotest Water
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L	Monthly
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Free Oil Visual Sheen	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
51689 RW 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	ESTIMA
74076 1 0									
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Executive Vice President, Chief Operating Officer TYPED OR PRINTED	Jim Guion	(562) 628 1526	04/22/2015	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

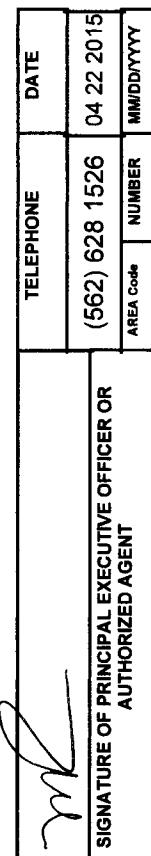
PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

• PERMIT NUMBER	CAF001148	DISCHARGE NUMBER	022A-A
MONITORING PERIOD	MM/DD/YYYY		MM/DD/YYYY
MM/DD/YYYY	02/01/2015		02/28/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 H2S Gas Processing Waste Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	ESTIMA Monthly

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED Jim Guion	AREA Code#	NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'.25 LO 118°07'37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	001A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Drilling Fluids and Cuttings
03/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	Y=1,N=0	*****	*****	*****	*****	*****	End Of Well GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3	DAILY MX	mg/kg Once per Batch
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1	DAILY MX	mg/kg Once per Batch
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY when Discharging
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	*****	*****	*****	*****	*****	Daily ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	0	bbi	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbi	*****	*****	*****	*****	Annual Calctd
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****		*****	*****	*****			
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d	DAILY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling Fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment, when applicable
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

4. There are no wells or drilling activities at Platform ELLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802**ATTN:** Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	001A-A
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
MM/DD/YYYY	MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****			
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	0	bbl	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****			
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3	MINIMUM		%	Contingent
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3	MINIMUM		%	Contingent
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3	MINIMUM		%	Contingent

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guijon Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED		NUMBER MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

4. There are no wells or drilling activities at Platform ELLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5" PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	002A-A
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
MM/DD/YYYY	MM/DD/YYYY 03/31/2015
	No Discharge <input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Produced Water Monthly
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oil and grease, hexane extr method	*****	*****	*****	*****	19.3	mg/L	0	Weekly	Grab
00552 1 0	SAMPLE MEASUREMENT	*****	*****	*****	29	MO AVG	42	DAILY MX	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Estima
Produced water, flow	SAMPLE MEASUREMENT	43.7	*****	bb/d	*****	*****	*****	*****	ESTIMA
82600 1 0	PERMIT REQUIREMENT	Req. Mon.	*****	bb/d	*****	*****	*****	*****	Calcd
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	bb/yr	*****	*****	*****	*****	CALCTD
Produced water, flow	PERMIT REQUIREMENT	*****	10950000 YTD TOT	bb/yr	*****	*****	*****	*****	Annual
82600 O 0									
See Comments									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		(562) 628 1526 AREA Code NUMBER	04 22 2015 MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with production & processed at platform Ely.
- Produced water annual cumulative flow from March 1st thru Feb 28th each year
- Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.52"
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	002A-Q
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
MM/DD/YYYY	MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produce Water Quarterly
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Pass/Fail Static 48-h Chronic Macrocytis pyrifera	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI (9)		
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Opt. Mon. VALUE	pass=0/fail =1	When Discharging
Pass/Fail Static 48-h Chronic Halioëtis rufescens	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Pass	0	0
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Opt. Mon. VALUE	pass=0/fail =1	When Discharging
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI (9)		
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Opt. Mon. VALUE	pass=0/fail =1	When Discharging

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
NUMBER MM/DD/YYYY	NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NODI(9): The Red Abalone result is from a resample test due to a lab error last quarter in which the abalone did not spawn. The other species were reported with the last DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	003A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
External Outfall	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Well Treatment, Completion and Workover Fluid
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE	*****	*****	*****	*****	*****	29	DAILY MX	mg/L
	MEASUREMENT								
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	42	*****	Once per Occurrence
	SAMPLE	*****	*****	*****	*****	*****			
Number of Events	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	GRAB
	PERMIT REQUIREMENT	*****	*****	Req. Mon. TOTAL	#	*****			
51484 1 0 Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	CALCTD
	MEASUREMENT	*****	*****	Req. Mon. MO TOTAL	occur/mo	*****			
Well fluids, free oil	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	Once per Discharge
	SAMPLE	*****	*****	*****	*****	*****			
82603 1 0 Effluent Gross	MEASUREMENT	*****	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	GRAB
	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO TOTAL	occur/mo	*****			
Well fluids, volume	SAMPLE	*****	*****	*****	*****	*****	*****	*****	Once per Occurrence
	MEASUREMENT	*****	*****	Req. Mon. MO AVG	bbl	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO TOTAL	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
			AREA Code NUMBER MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, Refer to Attachment when applicable

4. There are no wells or drilling activities at Platform ELLY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07.37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	004A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/01/2015
External Outfall	No Discharge <input checked="" type="checkbox"/> A

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Deck Drainage
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	VALUE	UNITS	VALUE	UNITS	VALUE			
Flow rate, deck drainage	SAMPLE	*****		*****		*****	*****	*****	ESTIMA
	MEASUREMENT								
51666 1 0 Effluent Gross	Reg. Mon.	*****	bbl/d	*****		*****	*****	*****	Monthly
	PERMIT REQUIREMENT	MO AVG							
Free Oil Visual Sheen	SAMPLE	*****		*****		*****	*****	*****	VISUAL
	MEASUREMENT								
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****		*****		*****	Req. Mon. MO TOTAL	d	Daily

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526 DATE 04/22/2015 AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed .
2. NODI (A): Deck Drainage is commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DISCHARGE MONITORING REPORT (DMR)

CAFG01148	005A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/01/2015
External Outfall	No Discharge A

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Domestic and Sanitary Waste
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	VALUE	UNITS	VALUE	UNITS	VALUE			
Flow rate, domestic	SAMPLE	*****		*****		*****	*****	*****	
	MEASUREMENT								
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****		*****	*****	*****	Monthly ESTIMA
	SAMPLE	*****		*****					
Sanitary waste, residual chlorine	SAMPLE	*****		*****					
	MEASUREMENT								
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		*****		1	10	mg/L	Monthly GRAB
	SAMPLE	*****		*****					
Sanitary waste, flow	SAMPLE	*****		*****					
	MEASUREMENT								
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****		*****	*****	*****	Monthly ESTIMA
	SAMPLE	*****		*****					
Sanitary waste, solids	SAMPLE	*****		*****					
	MEASUREMENT								
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****		Req. Mon. MO AVG		*****	*****	*****	Daily VISUAL
	SAMPLE	*****		# dis/d		*****			
Domestic waste, foam and floating solids	SAMPLE	*****		Req. Mon. MO AVG		*****	*****	*****	
	MEASUREMENT								
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****		Req. Mon. MO TOTAL		*****	*****	*****	Daily VISUAL
	SAMPLE	*****		#/mo		*****			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 
TYPED OR PRINTED	AUTHORIZED AGENT NUMBER MM/DD/YYYY

1. NODI (A): Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste, as laundry, is commingled with produced water and injected. Domestic waste from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	006A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Blowout Preventer Fluid	External Outfall
No Discharge	<input checked="" type="checkbox"/> C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS		
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****		
	SAMPLE	MEASUREMENT						
51689 RW 0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	DAILY VISUAL
Floating solids or visible foam- visual/days	*****	*****	*****	*****	*****	*****		
51705 RW 0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	DAILY VISUAL
	SAMPLE	MEASUREMENT						
	PERMIT	REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	(562) 628 1526 AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.52"
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF001148	DISCHARGE NUMBER	007A-A
MONITORING PERIOD	MM/DD/YYYY		MM/DD/YYYY
MM/DD/YYYY	03/01/2015		03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Desalination Unit Discharge
 External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNIT\$	VALUE	VALUE	UNIT\$			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with systems designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties or submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion			
Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		(562) 628 1526	04/22/2015
	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	008A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Fire Control System Water
External Outfall
No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	NUMBER MM/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Produced Water and injected. Small amounts may be discharged overboard during fire water system testing. The firewater is not chlorinated or chemically treated.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01148
DISCHARGE NUMBER	009A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Non-Contact Cooling Water
03/01/2015	External Outfall

 No Discharge

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI (9)	NODI (9)			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.00585 MO AVG	DAILY MX	.0102 mg/L	Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	Daily
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	d	Visual
Flow	SAMPLE MEASUREMENT	5,143	*****	bbi/d	*****	*****	*****	0	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	*****	bbi/d	*****	*****	*****	0	ESTIMA
		MO AVG						Monthly	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1 Chemical Inventory, refer to Attachment 2
- 2 When present, Chlorine values are reported post-dilution per EPA Plumes UM.
3. NODI (9): Quarterly/No monitoring required this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148	DISCHARGE NUMBER	010A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	(SUBR FW)
03/01/2015	03/31/2015		

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Ballast and Storage Displacement Water	
External Outfall	
No Discharge	<input checked="" type="checkbox"/>

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****			
Flow 74076 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER MM/DD/YYYY				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	011A-A
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
MM/DD/YYYY	MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Bilge Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51689 RW 0	*****	*****	*****	*****	*****	*****	Req. Mon.	Daily	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL		
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51705 RW 0	*****	*****	*****	*****	*****	*****	Req. Mon.	Daily	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL		
Flow	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
74076 1 0	Req. Mon.	Req. Mon.	bb/d	bb/d	*****	*****	*****	*****	ESTIMA
Effluent Gross	MO AVG								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion	(562) 628 1526			
Executive Vice President, Chief Operating Officer	AREA Code	NUMBER	MM/DD/YYYY	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07.37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148	012A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	03/31/2015

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Boiler Blowdown	
External Outfall	No Discharge <input checked="" type="checkbox"/> C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
51705 RW0	*****	*****	*****	*****	*****	*****	Req. Man.	d	Daily
Receiving Water							MO TOTAL		VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	04/22/2015
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.5" PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	013A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Test Fluids
03/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Test Fluids
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR <i>Jim Guion</i> AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	NUMBER MM/DD/YYYY	AREA Code	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33° 35' 25" LO 118° 07' 37.52'
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAFF001148	DISCHARGE NUMBER	014A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	03/01/2015		Diatomaceous Earth Filter Media
			External Outfall

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Diatomaceous Earth Filter Media
 External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51689 RW0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Floating solids or visible foam- visual/days	*****	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the information system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35.25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	015A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/01/2015
03/31/2015	

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall
No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
51705 RW0 Receiving Water									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the information system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p>TYPED OR PRINTED</p>	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER MM/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.52"
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	016A-A
MONITORING PERIOD	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Uncontaminated Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS		
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d
							Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Jim Guion
 Executive Vice President, Chief Operating Officer
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TELEPHONE	DATE
(562) 628 1526	04/22/2015
AREA Code	NUMBER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.52"
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	017A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/01/2015
No Discharge	C

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)

Water Flooding Discharges
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY	TYPE OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS				
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
51689 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon.	MO TOTAL	d	Daily
Receiving Water										VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon.	MO TOTAL	d	Daily
Receiving Water										VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		(562) 628 1526 AREA Code NUMBER	04/22/2015 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	018A-A
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
MM/DD/YYYY	MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Laboratory Waste
 External Outfall

No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	VALUE	UNITS	VALUE	UNITS	VALUE			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code	NUMBER	DATE
	(562) 628 1526	04/22/2015	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Laboratory Waste commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULATED NAME/ADDRESS (Include Facility /Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'25" LO 118°07'37.52"
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01148	021A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Hydrotest Water
External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS		
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/l
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Monthly	GRAB
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Daily	VISUAL
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion		(562) 628 1526	04/22/2015	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.
- Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35.25 LO 118 07 37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148	DISCHARGE NUMBER	020-A-A
MONITORING PERIOD	MM/DD/YYYY	(SUBR FW)	MM/DD/YYYY
MM/DD/YYYY	03/01/2015	Muds, Cuttings and Cement at Sea Floor	03/31/2015
External Outfall	No Discharge	C	

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Muds, Cuttings and Cement at Sea Floor
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'.25 LO 118°07'37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148	DISCHARGE NUMBER	019A-A
MONITORING PERIOD	MM/DD/YYYY		MM/DD/YYYY
MM/DD/YYYY	03/01/2015		03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Excess Cement Slurry
 External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	MONTHLY
Flow	SAMPLE MEASUREMENT	0	bbl/yr	*****	*****	*****	*****	*****	ANNUAL
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	bbl/yr	*****	*****	*****	*****	*****	ANNUAL
									CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	Jim Guion Executive Vice President, Chief Operating Officer	TELEPHONE	(562) 628 1526
		DATE	04/22/2015
		AREA Code	562
		NUMBER	1526
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.
- There are no wells or drilling activities at Platform ELLY

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLY - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33°35'.25 LO 118°07'37.52
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001148
DISCHARGE NUMBER	022A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	H2S Gas Processing Waste Water
03/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
MONITORING PERIOD
MM/DD/YYYY
 03/31/2015

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	REQUIREMENT	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	*****	*****	*****	*****	*****	*****	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT	Req. Mon.	bb/d	*****	*****	*****	*****	*****	ESTIMA
	REQUIREMENT	MO AVG	*****	*****	*****	*****			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attachment 2

Chemical Inventory

ATTACHMENT 2
PLATFORM ELLY
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
January 1, 2015 through March 31, 2015

	<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe¹ Concentration</u> (mg/l)
009 Non-contact Cooling Water	January February March	5,143 5,143 5,143	Chlorine Chlorine Chlorine	0.11 0.15 0.06	0.5 0.7 0.3
008 Fire Control System Water	N/A		None	None	None
013 Test Fluids		No Discharge	No Discharge	None	None
017 Water Flooding Discharges		No Discharge	No Discharge	None	None
021 Hydrotest Water		No Discharge	No Discharge	None	None

¹Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Elly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N / A: Not chlorinated

Attachment 3

Non-Contact Cooling Water Chlorine Residual Results

**ATTACHMENT 3
PLATFORM ELLY**

NON-CONTACT COOLING WATER CHLORINE RESULTS
January 1, 2015 through March 31, 2015

<u>Discharge</u>	<u>Measurement Frequency</u>	<u>Average Monthly Limit¹</u>	<u>Maximum Daily Limit¹</u>	<u>Result Post Dilution</u>	<u>End-of-Pipe Concentration</u>	<u>EPA Plumes Dilution</u>
		(mg/l)	(mg/l)	(mg/l)	(mg/l)	
009 Non-contact Cooling Water Sample Date: 01/19/14	Once/Quarter	0.00585	0.0102	0.0006	0.17	277:1

¹ Limits are post-dilution as listed in the new permit, Appendix C.

Attachment 4

Prohibited Discharges

ATTACHMENT 4
PLATFORM ELLY
Prohibited Discharges
January 1, 2015 through March 31, 2015

<u>Prohibited Discharge</u>	<u>Permit Requirement/Limit</u>	<u>Monitoring Results</u>
Free Oil ¹	0 days sheen observed on the receiving water during daylight hours	0 Days
Foam ¹	0 days foam observed on the receiving water during daylight hours	0 Days
Floating Solids ¹	0 days solids observed on the receiving water during daylight hours	0 Days
Surfactants ²	Minimize	Minimized
Detergents ²	Minimize	Minimized
Dispersants ²	Minimize	Minimized
Produced Sands ³	No Discharge	No Discharge
Halogenated Phenol Compounds ⁴	No Discharge	No Discharge
Chrome Lignosulfonate ⁴	No Discharge	No Discharge
Tracer Materials ⁵	Limited	Limited
Garbage ⁶	No Discharge	No Discharge

¹ Free Oil, Foam, and Floating Solids: Monitoring by visual observation of the surface of the receiving water in the vicinity of the outfalls shall be conducted during daylight hours.

² The discharge of surfactants, dispersants, and detergents shall be minimized except as necessary to comply with safety requirements of the Occupational Health and Safety Administration and BSEE. The discharge to marine waters in response to oil or other hazardous spills is not authorized.

³ There shall be no discharge of produced sands.

⁴ Other Toxic and Non-conventional Compounds: There shall be no discharge of diesel oil, halogenated phenol compounds, or chrome lignosulfonate. Diesel oil discharge information will be located under the Drilling inventory attachment when applicable.

⁵ Radioactive tracer concentration above the background in the parent, discharge waste stream shall be limited in 10 CFR 20 Appendix B, Table II, Column 2, Effluent Concentrations, Water.

⁶ The discharge of garbage is prohibited.

Attachment 5

Laboratory reports for NPDES
monitoring

Laboratory Quality Control Reports

LTS ENVIRONMENTAL, INC.

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

January 22, 2015

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5) <u>End of Pipe</u>
January 19, 2015 @ 1200 hrs	Platform Elly / Ellen Non-Contact Cooling Water Outlet East Seawater Pump	0.17 mg/l
LTS Meter S/N: 12040E195572 Technician: Cole Jenkins		Method Blank < 0.05 mg/l (MDL)



S.G. Lawry
Environmental Specialist / LTS

LTS ENVIRONMENTAL, INC.

September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

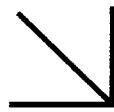
Test Date	Total Residual Chlorine <i>(EPA Method 330.5)</i>	
September 5, 2014		
LTS meter (SN 041200088375)	0.57 mg/l	
LTS meter (SN 12040E195572)	0.52 mg/l	
RT Corporation test sample: (Lot #QC1065-021081)		
Acceptance Limits	0.481 – 0.835 mg/l	
Certified Value	0.658 mg/l \pm 0.0110	
LTS Lead Technician: Mike Apple	Method Blank < 0.05 mg/l	



S.G. Lawry
Environmental Specialist
President, LTS



Calscience



WORK ORDER NUMBER: 15-03-1365

The difference is service



AIR | SOIL | WATER | MARINE CHEMISTRY

Analytical Report For

Client: Beta Offshore

Client Project Name: Weekly NPDES Produced Water Monitoring

Attention: Marina Robertson

111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Amanda Porter

Approved for release on 03/20/2015 by:
Amanda Porter
Project Manager

ResultLink ▶

Email your PM ▶



Eurofins Calscience, Inc. (Calscience) certifies that the test results provided in this report meet all NELAC requirements for parameters for which accreditation is required or available. Any exceptions to NELAC requirements are noted in the case narrative. The original report of subcontracted analyses, if any, is attached to this report. The results in this report are limited to the sample(s) tested and any reproduction thereof must be made in its entirety. The client or recipient of this report is specifically prohibited from making material changes to said report and, to the extent that such changes are made, Calscience is not responsible, legally or otherwise. The client or recipient agrees to indemnify Calscience for any defense to any litigation which may arise.



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Contents

Client Project Name: Weekly NPDES Produced Water Monitoring
Work Order Number: 15-03-1365

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Work Order Narrative

Work Order: 15-03-1365

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Condition Upon Receipt:

Samples were received under Chain-of-Custody (COC) on 03/17/15. They were assigned to Work Order 15-03-1365.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

Holding Times:

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

Quality Control:

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

Subcontractor Information:

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.

Additional Comments:

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.



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Analytical Report

Beta Offshore Date Received: 03/17/15
 111 W. Ocean Blvd., Suite 1240 Work Order: 15-03-1365
 Long Beach, CA 90802-4633 Preparation: N/A
 Method: EPA 1664A
 Units: mg/L

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 1

Client Sample Number	Lab Sample Number	Date/Time Collected	Matrix	Instrument	Date Prepared	Date/Time Analyzed	QC Batch ID
NPDES Prod. Water	15-03-1365-1-A	03/17/15 10:00	Aqueous	N/A	03/19/15	03/19/15 21:00	F0319HEML1
Parameter		<u>Result</u>	<u>RL</u>		<u>DF</u>		<u>Qualifiers</u>
HEM: Oil and Grease		19.3	1.00		1.00		
Method Blank	099-05-119-3864	N/A	Aqueous	N/A	03/19/15	03/19/15 21:00	F0319HEML1
Parameter		<u>Result</u>	<u>RL</u>		<u>DF</u>		<u>Qualifiers</u>
HEM: Oil and Grease		ND	1.0		1.00		

RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.



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Quality Control - LCS/LCSD

Beta Offshore 111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633	Date Received: Work Order: Preparation: Method:	03/17/15 15-03-1365 N/A EPA 1664A
Project: Weekly NPDES Produced Water Monitoring		Page 1 of 1

Quality Control Sample ID	Type	Matrix	Instrument	Date Prepared	Date Analyzed	LCS/LCSD Batch Number			
099-05-119-3864	LCS	Aqueous	N/A	03/19/15	03/19/15 21:00	F0319HEML1			
Parameter	Spike Added	LCS Conc.	LCS %Rec.	LCSD Conc.	LCSD %Rec.	%Rec. CL	RPD	RPD CL	Qualifiers
HEM: Oil and Grease	40.00	39.10	98	38.50	96	78-114	2	0-18	

RPD: Relative Percent Difference. CL: Control Limits



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Sample Analysis Summary Report

Work Order: 15-03-1365

Page 1 of 1

<u>Method</u>	<u>Extraction</u>	<u>Chemist ID</u>	<u>Instrument</u>	<u>Analytical Location</u>
EPA 1664A	N/A	691	N/A	1

Location 1: 7440 Lincoln Way, Garden Grove, CA 92841



Glossary of Terms and Qualifiers

Work Order: 15-03-1365

Page 1 of 1

<u>Qualifiers</u>	<u>Definition</u>
*	See applicable analysis comment.
<	Less than the indicated value.
>	Greater than the indicated value.
1	Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification.
2	Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification.
3	Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control.
4	The MS/MSD RPD was out of control due to suspected matrix interference.
5	The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference.
6	Surrogate recovery below the acceptance limit.
7	Surrogate recovery above the acceptance limit.
B	Analyte was present in the associated method blank.
BU	Sample analyzed after holding time expired.
BV	Sample received after holding time expired.
E	Concentration exceeds the calibration range.
ET	Sample was extracted past end of recommended max. holding time.
HD	The chromatographic pattern was inconsistent with the profile of the reference fuel standard.
HDH	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected).
HDL	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected).
J	Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated.
JA	Analyte positively identified but quantitation is an estimate.
ME	LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean).
ND	Parameter not detected at the indicated reporting limit.
Q	Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater.
SG	The sample extract was subjected to Silica Gel treatment prior to analysis.
X	% Recovery and/or RPD out-of-range.
Z	Analyte presence was not confirmed by second column or GC/MS analysis.
Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.	
Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.	
A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.	

138-03-15

Page 8 of 9



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Page 9 of 9
WORK ORDER NUMBER: 15 - 03 - 1365

CLIENT: LTS Env'l Inc.

COOLER 1 OF 1
DATE: 03 / 17 / 2015

SAMPLE RECEIPT CHECKLIST

TEMPERATURE: (Criteria: 0.0°C – 6.0°C, not frozen except sediment/tissue)

Thermometer ID: SC4 (CF: +0.2 °C) Temperature (w/o CF): 5.7°C (w/ CF): 5.9°C Blank Sample

- Sample(s) outside temperature criteria (PM/APM contacted by: _____)
- Sample(s) outside temperature criteria but received on ice/chilled on same day of sampling
- Sample(s) received at ambient temperature; placed on ice for transport by courier

Ambient Temperature: Air Filter

Checked by: 619

CUSTODY SEAL:

Cooler

 Present and Intact Not Present Not Intact N/A

Checked by: 619

Sample(s)

 Present and Intact Not Present Not Intact N/A

Checked by: 965

SAMPLE CONDITION:

Yes No N/A

Chain-of-Custody (COC) document(s) received with samples COC document(s) received complete

- Sampling date Sampling time Matrix Number of containers
- No analysis requested Not relinquished No relinquished date/time

Sampler's name indicated on COC Sample container label(s) consistent with COC Sample container(s) intact and in good condition Proper containers for analyses requested Sufficient volume/mass for analyses requested Samples received within holding time

Aqueous samples for certain analyses received within 15-minute holding time

- pH Residual Chlorine Dissolved Sulfide Dissolved Oxygen

 Proper preservation chemical(s) noted on COC and/or sample container

Unpreserved aqueous sample(s) received for certain analyses

- Volatile Organics Total Metals Dissolved Metals

 Container(s) for certain analysis free of headspace

- Volatile Organics Dissolved Gases (RSK-175) Dissolved Oxygen (SM 4500)

- Carbon Dioxide (SM 4500) Ferrous Iron (SM 3500) Hydrogen Sulfide (Hach)

Tedlar™ bag(s) free of condensation

CONTAINER TYPE:

(Trip Blank Lot Number: _____)

Aqueous: VOA VOAh VOAna₂ 100PJ 100PJna₂ 125AGB 125AGBh 125AGBp 125PB 125PBzna 250AGB 250CGB 250CGBs 250PB 250PBn 500AGB 500AGJ 500AGJs 500PB 1AGB 1AGBna₂ 1AGBs 1PB 1PBna _____ _____ _____Solid: 4ozCGJ 8ozCGJ 16ozCGJ Sleeve (_____) EnCores® TerraCores® _____Air: Tedlar™ Canister Sorbent Tube PUF Other Matrix (_____): _____ _____

Container: A = Amber, B = Bottle, C = Clear, E = Envelope, G = Glass, J = Jar, P = Plastic, and Z = Ziploc/Resealable Bag

Preservative: f = filtered, h = HCl, n = HNO₃, na = NaOH, na₂ = Na₂S₂O₃, p = H₃PO₄, s = H₂SO₄,

Labeled/Checked by: 965

u = ultra-pure, zna = Zn(CH₃CO₂)₂ + NaOH

Reviewed by: 619



April 13, 2015

Ms. Marina Robertson
Beta Offshore
111 W Ocean Blvd., Suite 1240
Long Beach, CA 90802

Dear Ms. Robertson:

We are pleased to present the enclosed bioassay report. The test was conducted under guidelines prescribed in *Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms EPA/600/R-95-136, 1995* "All acceptability criteria were met. This is a valid test." Results were as follows:

CLIENT: Beta Offshore
SAMPLE I.D.: Platform Elly
DATE RECEIVED: 31 March - 15
ABC LAB. NO.: LTS0215.267

CHRONIC ABALONE LARVAL DEVELOPMENT BIOASSAY

IWC CONCENTRATION = 0.0714%

TST RESULT

PASS

Yours very truly,


Scott Johnson
Laboratory Director

TST Summary Sheet

Lab Name	Aquatic Bioassay & Consulting Labs.	Client Name	LTS Environmental
Test ID	Platform Elly	Test Species	<i>H. rufescens (red abalone)</i>
Test Date	3/31/2015	Test Type	Chronic
Test Duration	48 hrs.	Endpoint	Larval Development
Critical Conc.			.0714%

Statistic	Control	Critical Concentration
Percent Mean of Raw Data	1.00	1.00
Mean used in Calculation (transformed)	1.52	1.52
Variance used in Calculation (transformed)	0.000	0.000
Standard Deviation of Transformed Data	0.000	0.000
CV of Transformed Data	0.000	0.000
n	5	5

Mean % Effect at Critical Conc.

0.00

Calculated t-value	Degrees of Freedom	Table t-value	Percent Difference
			0.00000

Results

Pass Sample is Non-toxic

Raw Data

Control Data		Critical Concentration Data	
No. of Organisms Exposed or Counted	Response (Final Count, Weight, Length, etc.)	No. of Organisms Exposed or Counted	Response (Final Count, Weight, Length, etc.)
100	100	100	100
100	100	100	100
100	100	100	100
100	100	100	100
100	100	100	100

CETIS Summary Report

Report Date: 13 Apr-15 12:26 (p 1 of 1)
 Test Code: LTS0315.267 | 15-4129-2684

Red Abalone Larval Development Test Aquatic Bioassay & Consulting Labs, Inc.

Batch ID:	05-1887-5813	Test Type:	Development	Analyst:	
Start Date:	31 Mar-15 12:31	Protocol:	EPA/600/R-95/136 (1995)	Diluent:	Laboratory Seawater
Ending Date:	02 Apr-15 12:30	Species:	Haliotis rufescens	Brine:	Not Applicable
Duration:	48h	Source:	Cultured Abalone	Age:	
Sample ID:	21-3339-4891	Code:	LTS0315.267	Client:	LTS Environmental, Inc.
Sample Date:	30 Mar-15 09:20	Material:	Sample Water	Project:	Elly Injection Water Red Abalone Rete
Receive Date:	31 Mar-15 07:45	Source:	Bioassay Report		
Sample Age:	27h (3.4 °C)	Station:	Platform Elly		

Comparison Summary

Analysis ID	Endpoint	NOEL	LOEL	TOEL	PMSD	TU	Method
08-3945-5613	Proportion Normal	0.1071	>0.1071	NA	NA	933.7	Steel Many-One Rank Sum Test

Point Estimate Summary

Analysis ID	Endpoint	Level	%	95% LCL	95% UCL	TU	Method
19-2194-6469	Proportion Normal	EC5	>0.1071	N/A	N/A	<933.7	Linear Interpolation (ICPIN)
		EC10	>0.1071	N/A	N/A	<933.7	
		EC15	>0.1071	N/A	N/A	<933.7	
		EC20	>0.1071	N/A	N/A	<933.7	
		EC25	>0.1071	N/A	N/A	<933.7	
		EC40	>0.1071	N/A	N/A	<933.7	
		EC50	>0.1071	N/A	N/A	<933.7	

Test Acceptability

Analysis ID	Endpoint	Attribute	Test Stat	TAC Limits	Overlap	Decision
08-3945-5613	Proportion Normal	Control Resp	1	0.8 - NL	Yes	Passes Acceptability Criteria
19-2194-6469	Proportion Normal	Control Resp	1	0.8 - NL	Yes	Passes Acceptability Criteria

Proportion Normal Summary

C-%	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	%Effect
0	Negative Control	5	1	1	1	1	1	0	0	0.0%	0.0%
0.0357		5	1	1	1	1	1	0	0	0.0%	0.0%
0.0714		5	1	1	1	1	1	0	0	0.0%	0.0%
0.1071		5	1	1	1	1	1	0	0	0.0%	0.0%

Proportion Normal Detail

C-%	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5
0	Negative Control	1	1	1	1	1
0.0357		1	1	1	1	1
0.0714		1	1	1	1	1
0.1071		1	1	1	1	1

Proportion Normal Binomials

C-%	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5
0	Negative Control	100/100	100/100	100/100	100/100	100/100
0.0357		100/100	100/100	100/100	100/100	100/100
0.0714		100/100	100/100	100/100	100/100	100/100
0.1071		100/100	100/100	100/100	100/100	100/100

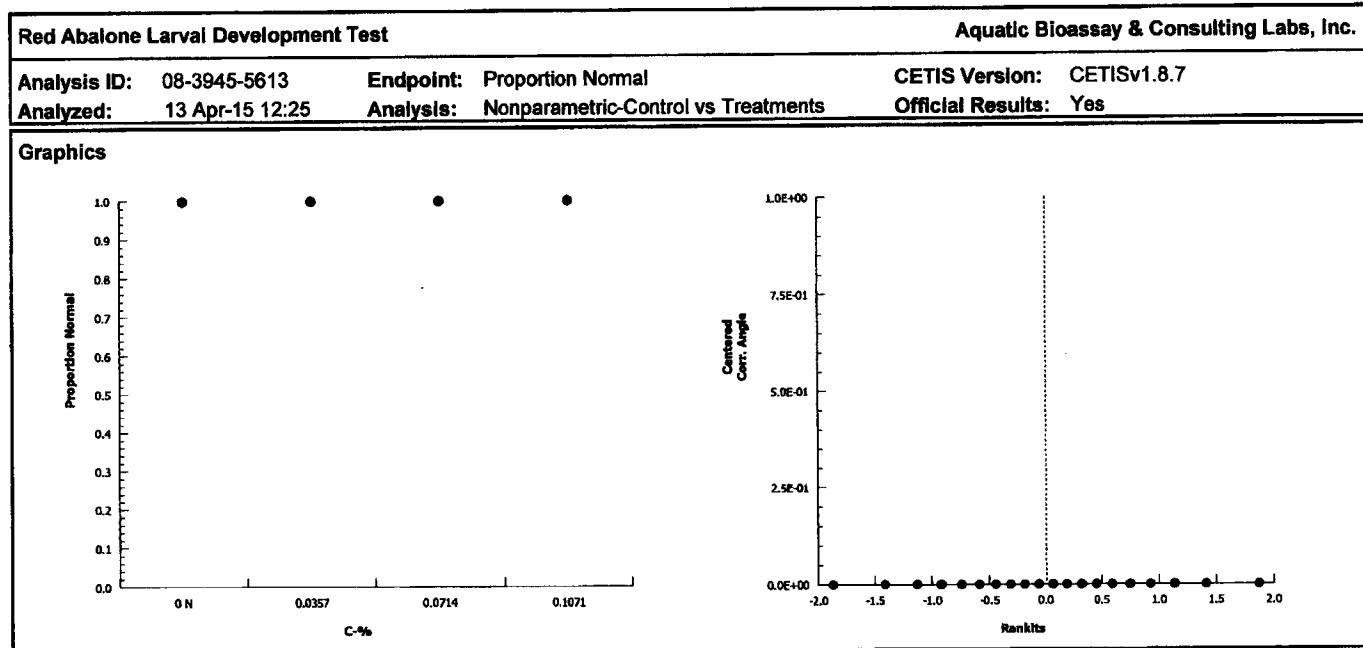
CETIS Analytical Report

Report Date: 13 Apr-15 12:26 (p 1 of 2)
 Test Code: LTS0315.267 | 15-4129-2684

Red Abalone Larval Development Test							Aquatic Bioassay & Consulting Labs, Inc.						
Analysis ID: 08-3945-5613 Analyzed: 13 Apr-15 12:25	Endpoint: Proportion Normal Analysis: Nonparametric-Control vs Treatments						CETIS Version: CETISv1.8.7 Official Results: Yes						
Sample ID: 21-3339-4891 Sample Date: 30 Mar-15 09:20 Receive Date: 31 Mar-15 07:45 Sample Age: 27h (3.4 °C)	Code: LTS0315.267 Material: Sample Water Source: Bioassay Report Station: Platform Elly						Client: LTS Environmental, Inc. Project: Elly Injection Water Red Abalone Rete						
Data Transform	Zeta	Alt Hyp	Trials	Seed				NOEL	LOEL	TOEL			
Angular (Corrected)	NA	C > T	NA	NA				0.1071	>0.1071	NA			
Steel Many-One Rank Sum Test													
Control	vs C-%	Test Stat	Critical	Ties	DF	P-Value	P-Type	Decision(α :5%)					
Negative Control	0.0357 0.0714 0.1071	27.5 27.5 27.5	17 17 17	1 1 1	8 8 8	0.7500 0.7500 0.7500	Asymp Asymp Asymp	Non-Significant Effect Non-Significant Effect Non-Significant Effect					
ANOVA Table													
Source	Sum Squares	Mean Square	DF	F Stat	P-Value	Decision(α :5%)							
Between	0	0	3	65540	<0.0001	Significant Effect							
Error	0	0	16										
Total	0		19										
Proportion Normal Summary													
C-%	Control Type	Count	Mean	95% LCL	95% UCL	Median	Min	Max	Std Err	CV%	%Effect		
0 0.0357 0.0714 0.1071	Negative Control	5 5 5 5	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	0 0 0 0	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%		
Angular (Corrected) Transformed Summary													
C-%	Control Type	Count	Mean	95% LCL	95% UCL	Median	Min	Max	Std Err	CV%	%Effect		
0 0.0357 0.0714 0.1071	Negative Contr	5 5 5 5	1.521 1.521 1.521 1.521	1.521 1.521 1.521 1.521	1.521 1.521 1.521 1.521	1.521 1.521 1.521 1.521	1.521 1.521 1.521 1.521	1.521 1.521 1.521 1.521	0 0 0 0	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%		
Proportion Normal Detail													
C-%	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5							
0 0.0357 0.0714 0.1071	Negative Control	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1								
Angular (Corrected) Transformed Detail													
C-%	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5							
0 0.0357 0.0714 0.1071	Negative Control	1.521 1.521 1.521 1.521	1.521 1.521 1.521 1.521	1.521 1.521 1.521 1.521	1.521 1.521 1.521 1.521	1.521 1.521 1.521 1.521							
Proportion Normal Binomials													
C-%	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5							
0 0.0357 0.0714 0.1071	Negative Control	100/100 100/100 100/100 100/100	100/100 100/100 100/100 100/100	100/100 100/100 100/100 100/100	100/100 100/100 100/100 100/100	100/100 100/100 100/100 100/100							

CETIS Analytical Report

Report Date: 13 Apr-15 12:26 (p 2 of 2)
Test Code: LTS0315.267 | 15-4129-2684



CETIS Analytical Report

Report Date: 13 Apr-15 12:26 (p 1 of 2)
 Test Code: LTS0315.267 | 15-4129-2684

Red Abalone Larval Development Test						Aquatic Bioassay & Consulting Labs, Inc.						
Analysis ID: 19-2194-6469 Analyzed: 13 Apr-15 12:26	Endpoint: Proportion Normal Analysis: Linear Interpolation (ICPIN)					CETIS Version: CETISv1.8.7 Official Results: Yes						
Sample ID: 21-3339-4891 Sample Date: 30 Mar-15 09:20 Receive Date: 31 Mar-15 07:45 Sample Age: 27h (3.4 °C)	Code: LTS0315.267 Material: Sample Water Source: Bioassay Report Station: Platform Elly					Client: LTS Environmental, Inc. Project: Elly Injection Water Red Abalone Rete						
Linear Interpolation Options												
X Transform	Y Transform	Seed	Resamples	Exp 96% CL	Method							
Linear	Linear	0	280	Yes	Two-Point Interpolation							
Point Estimates												
Level	%	95% LCL	95% UCL	TU	95% LCL	95% UCL						
EC5	>0.1071	N/A	N/A	<933.7	NA	NA						
EC10	>0.1071	N/A	N/A	<933.7	NA	NA						
EC15	>0.1071	N/A	N/A	<933.7	NA	NA						
EC20	>0.1071	N/A	N/A	<933.7	NA	NA						
EC25	>0.1071	N/A	N/A	<933.7	NA	NA						
EC40	>0.1071	N/A	N/A	<933.7	NA	NA						
EC50	>0.1071	N/A	N/A	<933.7	NA	NA						
Proportion Normal Summary												
C-%	Control Type	Count	Mean	Min	Max	Std Err	Std Dev	CV%	%Effect	A	B	
0	Negative Control	5	1	1	1	0	0	0.0%	0.0%	500	500	
0.0357		5	1	1	1	0	0	0.0%	0.0%	500	500	
0.0714		5	1	1	1	0	0	0.0%	0.0%	500	500	
0.1071		5	1	1	1	0	0	0.0%	0.0%	500	500	
Proportion Normal Detail												
C-%	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5						
0	Negative Control	1	1	1	1	1						
0.0357		1	1	1	1	1						
0.0714		1	1	1	1	1						
0.1071		1	1	1	1	1						
Proportion Normal Binomials												
C-%	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5						
0	Negative Control	100/100	100/100	100/100	100/100	100/100						
0.0357		100/100	100/100	100/100	100/100	100/100						
0.0714		100/100	100/100	100/100	100/100	100/100						
0.1071		100/100	100/100	100/100	100/100	100/100						

CETIS Analytical Report

Report Date: 13 Apr-15 12:26 (p 2 of 2)
Test Code: LTS0315.267 | 15-4129-2684

Red Abalone Larval Development Test		Aquatic Bioassay & Consulting Labs, Inc.											
Analysis ID: 19-2194-6469 Analyzed: 13 Apr-15 12:26	Endpoint: Proportion Normal Analysis: Linear Interpolation (ICPIN)	CETIS Version: CETISv1.8.7 Official Results: Yes											
Graphics <table border="1"><caption>Data points from the scatter plot</caption><thead><tr><th>C-%</th><th>Proportion Normal</th></tr></thead><tbody><tr><td>0.00</td><td>1.0</td></tr><tr><td>0.04</td><td>1.0</td></tr><tr><td>0.08</td><td>1.0</td></tr><tr><td>0.12</td><td>1.0</td></tr></tbody></table>				C-%	Proportion Normal	0.00	1.0	0.04	1.0	0.08	1.0	0.12	1.0
C-%	Proportion Normal												
0.00	1.0												
0.04	1.0												
0.08	1.0												
0.12	1.0												

CETIS Measurement Report

Report Date: 13 Apr-15 12:26 (p 1 of 2)
 Test Code: LTS0315.267 | 15-4129-2684

Red Abalone Larval Development Test**Aquatic Bioassay & Consulting Labs, Inc.**

Batch ID:	05-1887-5813	Test Type:	Development	Analyst:	
Start Date:	31 Mar-15 12:31	Protocol:	EPA/600/R-95/136 (1995)	Diluent:	Laboratory Seawater
Ending Date:	02 Apr-15 12:30	Species:	Haliotis rufescens	Brine:	Not Applicable
Duration:	48h	Source:	Cultured Abalone	Age:	
Sample ID:	21-3339-4891	Code:	LTS0315.267	Client:	LTS Environmental, Inc.
Sample Date:	30 Mar-15 09:20	Material:	Sample Water	Project:	Elly Injection Water Red Abalone Rete
Receive Date:	31 Mar-15 07:45	Source:	Bioassay Report		
Sample Age:	27h (3.4 °C)	Station:	Platform Elly		

Parameter Acceptability Criteria

Parameter	Min	Max	Acceptability Limits	Overlap	Decision
Salinity-ppt	34	34	32 - 36	Yes	Results Within Limits
Temperature-°C	14.2	14.2	14 - 16	Yes	Results Within Limits

Dissolved Oxygen-mg/L

C-%	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	QA Count
0	Negative Contr	2	7.35	2.903	11.8	7	7.7	0.35	0.495	6.73%	0
0.0357		2	7.2	4.659	9.741	7	7.4	0.2	0.2828	3.93%	0
0.0714		2	7.2	5.929	8.471	7.1	7.3	0.1	0.1414	1.96%	0
0.1071		2	7.2	3.388	11.01	6.9	7.5	0.3	0.4243	5.89%	0
Overall		8	7.238			6.9	7.7			0 (0%)	

pH-Units

C-%	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	QA Count
0	Negative Contr	2	7.7	6.429	8.971	7.6	7.8	0.1	0.1414	1.84%	0
0.0357		2	7.7	7.698	7.702	7.7	7.7	0	0	0.0%	0
0.0714		2	7.7	7.698	7.702	7.7	7.7	0	0	0.0%	0
0.1071		2	7.7	7.698	7.702	7.7	7.7	0	0	0.0%	0
Overall		8	7.7			7.6	7.8			0 (0%)	

Salinity-ppt

C-%	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	QA Count
0	Negative Contr	2	34	34	34	34	34	0	0	0.0%	0
0.0357		2	34	34	34	34	34	0	0	0.0%	0
0.0714		2	34	34	34	34	34	0	0	0.0%	0
0.1071		2	34	34	34	34	34	0	0	0.0%	0
Overall		8	34			34	34			0 (0%)	

Temperature-°C

C-%	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	QA Count
0	Negative Contr	2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
0.0357		2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
0.0714		2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
0.1071		2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
Overall		8	14.2			14.2	14.2			0 (0%)	

CETIS Measurement ReportReport Date: 13 Apr-15 12:26 (p 2 of 2)
Test Code: LTS0315.267 | 15-4129-2684**Red Abalone Larval Development Test****Aquatic Bioassay & Consulting Labs, Inc.****Dissolved Oxygen-mg/L**

C-%	Control Type	1	2
0	Negative Contr	7.7	7
0.0357		7.4	7
0.0714		7.3	7.1
0.1071		7.5	6.9

pH-Units

C-%	Control Type	1	2
0	Negative Contr	7.8	7.6
0.0357		7.7	7.7
0.0714		7.7	7.7
0.1071		7.7	7.7

Salinity-ppt

C-%	Control Type	1	2
0	Negative Contr	34	34
0.0357		34	34
0.0714		34	34
0.1071		34	34

Temperature-°C

C-%	Control Type	1	2
0	Negative Contr	14.2	14.2
0.0357		14.2	14.2
0.0714		14.2	14.2
0.1071		14.2	14.2



CHRONIC ABALONE DEVELOPMENT BIOASSAY

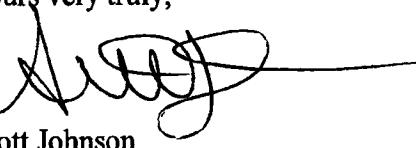
DATE: 31 March 2015

STANDARD TOXICANT: Copper Chloride

NOEC = 32.00 ug/l

EC25 = 50.56 ug/l
EC50 = 67.49 ug/l

Yours very truly,



Scott Johnson

Laboratory Director

CETIS Summary Report

Report Date: 13 Apr-15 12:20 (p 1 of 1)
 Test Code: ABS033115 | 06-9470-9527

Red Abalone Larval Development Test**Aquatic Bioassay & Consulting Labs, Inc.**

Batch ID:	20-7381-2264	Test Type:	Development	Analyst:	
Start Date:	31 Mar-15 12:30	Protocol:	EPA/600/R-95/136 (1995)	Diluent:	Laboratory Seawater
Ending Date:	02 Apr-15 12:30	Species:	Haliotis rufescens	Brine:	Not Applicable
Duration:	48h	Source:	Cultured Abalone	Age:	
Sample ID:	05-2243-2872	Code:	ABS033115	Client:	Internal Lab
Sample Date:	31 Mar-15 12:30	Material:	Zinc	Project:	REF TOX
Receive Date:		Source:	Reference Toxicant		
Sample Age:	NA	Station:	REF TOX		

Comparison Summary

Analysis ID	Endpoint	NOEL	LOEL	TOEL	PMSD	TU	Method
17-7450-5058	Proportion Normal	32	56	42.33	1.93%		Dunnett Multiple Comparison Test

Point Estimate Summary

Analysis ID	Endpoint	Level	µg/L	95% LCL	95% UCL	TU	Method
16-0453-7015	Proportion Normal	EC5	35.71	34.41	37.03		Linear Interpolation (ICPIN)
		EC10	39.42	37.33	42.23		
		EC15	43.14	40.12	47.44		
		EC20	46.85	42.83	52.59		
		EC25	50.56	45.54	57.86		
		EC40	60.99	54.16	66.28		
		EC50	67.49	61.8	71.9		

Test Acceptability

Analysis ID	Endpoint	Attribute	Test Stat	TAC Limits	Overlap	Decision
16-0453-7015	Proportion Normal	Control Resp	0.996	0.8 - NL	Yes	Passes Acceptability Criteria
17-7450-5058	Proportion Normal	Control Resp	0.996	0.8 - NL	Yes	Passes Acceptability Criteria
17-7450-5058	Proportion Normal	NOEL	32	NL - 56	No	Passes Acceptability Criteria
17-7450-5058	Proportion Normal	PMSD	0.01933	NL - 0.2	No	Passes Acceptability Criteria

Proportion Normal Summary

C-µg/L	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	%Effect
0	Negative Control	5	0.996	0.9849	1	0.98	1	0.004	0.008944	0.9%	0.0%
18		5	0.994	0.9829	1	0.98	1	0.004	0.008944	0.9%	0.2%
32		5	0.998	0.9924	1	0.99	1	0.002	0.004472	0.45%	-0.2%
56		5	0.674	0.5567	0.7913	0.57	0.8	0.04226	0.0945	14.02%	32.33%
100		5	0	0	0	0	0	0	0		100.0%
180		5	0	0	0	0	0	0	0		100.0%

Proportion Normal Detail

C-µg/L	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5
0	Negative Control	1	1	1	0.98	
18		1	1	0.98	0.99	1
32		1	1	0.99	1	1
56		0.8	0.59	0.57	0.7	0.71
100		0	0	0	0	0
180		0	0	0	0	0

Proportion Normal Binomials

C-µg/L	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5
0	Negative Control	100/100	100/100	100/100	98/100	
18		100/100	100/100	98/100	99/100	100/100
32		100/100	100/100	99/100	100/100	100/100
56		80/100	59/100	57/100	70/100	71/100
100		0/100	0/100	0/100	0/100	0/100
180		0/100	0/100	0/100	0/100	0/100

CETIS Analytical Report

Report Date: 13 Apr-15 12:19 (p 1 of 2)
 Test Code: ABS033115 | 06-9470-9527

Red Abalone Larval Development Test							Aquatic Bioassay & Consulting Labs, Inc.								
Analysis ID:	17-7450-5058	Endpoint:	Proportion Normal			CETIS Version:	CETISv1.8.7								
Analyzed:	13 Apr-15 12:19	Analysis:	Parametric-Control vs Treatments					Official Results: Yes							
Sample ID:	05-2243-2872	Code:	ABS033115			Client:	Internal Lab								
Sample Date:	31 Mar-15 12:30	Material:	Zinc			Project:	REF TOX								
Receive Date:		Source:	Reference Toxicant												
Sample Age:	NA	Station:	REF TOX												
Data Transform	Zeta	Alt Hyp	Trials	Seed	PMSD	NOEL	LOEL	TOEL	TU						
Angular (Corrected)	NA	C > T	NA	NA	1.93%	32	56	42.33							
Dunnett Multiple Comparison Test															
Control	vs	C-µg/L	Test Stat	Critical	MSD	DF	P-Value	P-Type	Decision(α:5%)						
Negative Control	18	0.2637	2.227	0.085	8	0.6470	CDF	Non-Significant Effect							
	32	-0.2195	2.227	0.085	8	0.8216	CDF	Non-Significant Effect							
	56*	14.09	2.227	0.085	8	<0.0001	CDF	Significant Effect							
ANOVA Table															
Source	Sum Squares		Mean Square		DF	F Stat	P-Value	Decision(α:5%)							
Between	1.075996		0.3586653		3	99.2	<0.0001	Significant Effect							
Error	0.05784767		0.003615479		16										
Total	1.133844			19											
Distributional Tests															
Attribute	Test		Test Stat	Critical	P-Value	Decision(α:1%)									
Variances	Bartlett Equality of Variance		8.698	11.34	0.0336	Equal Variances									
Variances	Mod Levene Equality of Variance		2.716	5.953	0.0913	Equal Variances									
Variances	Levene Equality of Variance		4.49	5.292	0.0181	Equal Variances									
Distribution	Shapiro-Wilk W Normality		0.8716	0.866	0.0125	Normal Distribution									
Distribution	Kolmogorov-Smirnov D		0.2721	0.2235	0.0004	Non-normal Distribution									
Distribution	D'Agostino Skewness		0.0865	2.576	0.9311	Normal Distribution									
Distribution	D'Agostino Kurtosis		1.519	2.576	0.1287	Normal Distribution									
Distribution	D'Agostino-Pearson K2 Omnibus		2.315	9.21	0.3142	Normal Distribution									
Distribution	Anderson-Darling A2 Normality		1.455	3.878	0.0003	Non-normal Distribution									
Proportion Normal Summary															
C-µg/L	Control Type	Count	Mean	95% LCL	95% UCL	Median	Min	Max	Std Err	CV%	%Effect				
0	Negative Control	5	0.996	0.9849	1	1	0.98	1	0.004	0.9%	0.0%				
18		5	0.994	0.9829	1	1	0.98	1	0.004	0.9%	0.2%				
32		5	0.998	0.9924	1	1	0.99	1	0.002	0.45%	-0.2%				
56		5	0.674	0.5567	0.7913	0.7	0.57	0.8	0.04226	14.02%	32.33%				
100		5	0	0	0	0	0	0			100.0%				
180		5	0	0	0	0	0	0			100.0%				
Angular (Corrected) Transformed Summary															
C-µg/L	Control Type	Count	Mean	95% LCL	95% UCL	Median	Min	Max	Std Err	CV%	%Effect				
0	Negative Contr	5	1.502	1.451	1.553	1.521	1.429	1.521	0.01838	2.74%	0.0%				
18		5	1.492	1.441	1.544	1.521	1.429	1.521	0.0186	2.79%	0.67%				
32		5	1.511	1.483	1.539	1.521	1.471	1.521	0.01003	1.49%	-0.56%				
56		5	0.9664	0.8389	1.094	0.9912	0.8556	1.107	0.04591	10.62%	35.68%				
100		5	0.05002	0.05001	0.05003	0.05002	0.05002	0.05002	0	0.0%	96.67%				
180		5	0.05002	0.05001	0.05003	0.05002	0.05002	0.05002	0	0.0%	96.67%				

CETIS Analytical Report

Report Date: 13 Apr-15 12:19 (p 2 of 2)
 Test Code: ABS033115 | 06-9470-9527

Red Abalone Larval Development Test							Aquatic Bioassay & Consulting Labs, Inc.
Analysis ID: 17-7450-5058 Analyzed: 13 Apr-15 12:19			Endpoint: Proportion Normal Analysis: Parametric-Control vs Treatments			CETIS Version: CETISv1.8.7 Official Results: Yes	
Proportion Normal Detail							
C- μ g/L	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5	
0	Negative Control	1	1	1	1	0.98	
18		1	1	0.98	0.99	1	
32		1	1	0.99	1	1	
56		0.8	0.59	0.57	0.7	0.71	
100		0	0	0	0	0	
180		0	0	0	0	0	
Angular (Corrected) Transformed Detail							
C- μ g/L	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5	
0	Negative Control	1.521	1.521	1.521	1.521	1.429	
18		1.521	1.521	1.429	1.471	1.521	
32		1.521	1.521	1.471	1.521	1.521	
56		1.107	0.8759	0.8556	0.9912	1.002	
100		0.05002	0.05002	0.05002	0.05002	0.05002	
180		0.05002	0.05002	0.05002	0.05002	0.05002	
Proportion Normal Binomials							
C- μ g/L	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5	
0	Negative Control	100/100	100/100	100/100	100/100	98/100	
18		100/100	100/100	98/100	99/100	100/100	
32		100/100	100/100	99/100	100/100	100/100	
56		80/100	59/100	57/100	70/100	71/100	
100		0/100	0/100	0/100	0/100	0/100	
180		0/100	0/100	0/100	0/100	0/100	
Graphics							

CETIS Analytical Report

Report Date: 13 Apr-15 12:19 (p 1 of 2)
 Test Code: ABS033115 | 06-9470-9527

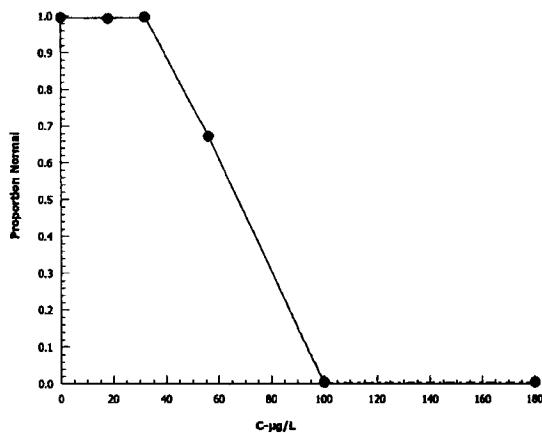
Red Abalone Larval Development Test				Aquatic Bioassay & Consulting Labs, Inc.											
Analysis ID: 16-0453-7015 Analyzed: 13 Apr-15 12:19	Endpoint: Proportion Normal Analysis: Linear Interpolation (ICPIN)	CETIS Version: CETISv1.8.7 Official Results: Yes													
Sample ID: 05-2243-2872 Sample Date: 31 Mar-15 12:30 Receive Date: Sample Age: NA	Code: ABS033115 Material: Zinc Source: Reference Toxicant Station: REF TOX	Client: Internal Lab Project: REF TOX													
Linear Interpolation Options															
X Transform	Y Transform	Seed	Resamples	Exp 95% CL	Method										
Linear	Linear	0	280	Yes	Two-Point Interpolation										
Point Estimates															
Level	µg/L	95% LCL	95% UCL												
EC5	35.71	34.41	37.03												
EC10	39.42	37.33	42.23												
EC15	43.14	40.12	47.44												
EC20	46.85	42.83	52.59												
EC25	50.56	45.54	57.86												
EC40	60.99	54.16	66.28												
EC50	67.49	61.8	71.9												
Proportion Normal Summary				Calculated Variate(A/B)											
C-µg/L	Control Type	Count	Mean	Min	Max	Std Err	Std Dev	CV%	%Effect	A	B				
0	Negative Control	5	0.996	0.98	1	0.004	0.008944	0.9%	0.0%	498	500				
18		5	0.994	0.98	1	0.004	0.008945	0.9%	0.2%	497	500				
32		5	0.998	0.99	1	0.002	0.004473	0.45%	-0.2%	499	500				
56		5	0.674	0.57	0.8	0.04226	0.0945	14.02%	32.33%	336	500				
100		5	0	0	0	0	0		100.0%	0	500				
180		5	0	0	0	0	0		100.0%	0	500				
Proportion Normal Detail															
C-µg/L	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5									
0	Negative Control	1	1	1	1	0.98									
18		1	1	0.98	0.99	1									
32		1	1	0.99	1	1									
56		0.8	0.59	0.57	0.7	0.71									
100		0	0	0	0	0									
180		0	0	0	0	0									
Proportion Normal Binomials															
C-µg/L	Control Type	Rep 1	Rep 2	Rep 3	Rep 4	Rep 5									
0	Negative Control	100/100	100/100	100/100	100/100	98/100									
18		100/100	100/100	98/100	99/100	100/100									
32		100/100	100/100	99/100	100/100	100/100									
56		80/100	59/100	57/100	70/100	71/100									
100		0/100	0/100	0/100	0/100	0/100									
180		0/100	0/100	0/100	0/100	0/100									

CETIS Analytical Report

Report Date: 13 Apr-15 12:19 (p 2 of 2)
Test Code: ABS033115 | 06-9470-9527

Red Abalone Larval Development Test		Aquatic Bioassay & Consulting Labs, Inc.	
Analysis ID: 16-0453-7015 Analyzed: 13 Apr-15 12:19	Endpoint: Proportion Normal Analysis: Linear Interpolation (ICPIN)	CETIS Version: CETISv1.8.7 Official Results: Yes	

Graphics



CETIS Measurement Report

Report Date: 13 Apr-15 12:19 (p 1 of 2)
 Test Code: ABS033115 | 06-9470-9527

Red Abalone Larval Development Test Aquatic Bioassay & Consulting Labs, Inc.

Batch ID: 20-7381-2264 Test Type: Development Analyst:
 Start Date: 31 Mar-15 12:30 Protocol: EPA/600/R-95/136 (1995) Diluent: Laboratory Seawater
 Ending Date: 02 Apr-15 12:30 Species: Haliotis rufescens Brine: Not Applicable
 Duration: 48h Source: Cultured Abalone Age:

Sample ID: 05-2243-2872 Code: ABS033115 Client: Internal Lab
 Sample Date: 31 Mar-15 12:30 Material: Zinc Project: REF TOX
 Receive Date: Source: Reference Toxicant
 Sample Age: NA Station: REF TOX

Parameter Acceptability Criteria

Parameter	Min	Max	Acceptability Limits	Overlap	Decision
Salinity-ppt	34	34	32 - 36	Yes	Results Within Limits
Temperature-°C	14.2	14.2	14 - 16	Yes	Results Within Limits

Dissolved Oxygen-mg/L

C-µg/L	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	QA Count
0	Negative Contr	2	7.35	2.903	11.8	7	7.7	0.35	0.495	6.73%	0
18		2	7.5	3.688	11.31	7.2	7.8	0.3	0.4243	5.66%	0
32		2	7.5	3.688	11.31	7.2	7.8	0.3	0.4243	5.66%	0
56		2	7.5	3.688	11.31	7.2	7.8	0.3	0.4243	5.66%	0
100		2	7.5	3.688	11.31	7.2	7.8	0.3	0.4243	5.66%	0
180		2	7.5	3.688	11.31	7.2	7.8	0.3	0.4243	5.66%	0
Overall		12	7.475			7	7.8			0 (0%)	

pH-Units

C-µg/L	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	QA Count
0	Negative Contr	2	7.7	6.429	8.971	7.6	7.8	0.1	0.1414	1.84%	0
18		2	7.7	7.698	7.702	7.7	7.7	0	0	0.0%	0
32		2	7.7	7.698	7.702	7.7	7.7	0	0	0.0%	0
56		2	7.7	7.698	7.702	7.7	7.7	0	0	0.0%	0
100		2	7.7	7.698	7.702	7.7	7.7	0	0	0.0%	0
180		2	7.7	7.698	7.702	7.7	7.7	0	0	0.0%	0
Overall		12	7.7			7.6	7.8			0 (0%)	

Salinity-ppt

C-µg/L	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	QA Count
0	Negative Contr	2	34	34	34	34	34	0	0	0.0%	0
18		2	34	34	34	34	34	0	0	0.0%	0
32		2	34	34	34	34	34	0	0	0.0%	0
56		2	34	34	34	34	34	0	0	0.0%	0
100		2	34	34	34	34	34	0	0	0.0%	0
180		2	34	34	34	34	34	0	0	0.0%	0
Overall		12	34			34	34			0 (0%)	

Temperature-°C

C-µg/L	Control Type	Count	Mean	95% LCL	95% UCL	Min	Max	Std Err	Std Dev	CV%	QA Count
0	Negative Contr	2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
18		2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
32		2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
56		2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
100		2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
180		2	14.2	14.17	14.23	14.2	14.2	0	0	0.0%	0
Overall		12	14.2			14.2	14.2			0 (0%)	

CETIS Measurement ReportReport Date: 13 Apr-15 12:19 (p 2 of 2)
Test Code: ABS033115 | 06-9470-9527**Red Abalone Larval Development Test****Aquatic Bioassay & Consulting Labs, Inc.****Dissolved Oxygen-mg/L**

C- μ g/L	Control Type	1	2
0	Negative Contr	7.7	7
18		7.8	7.2
32		7.8	7.2
56		7.8	7.2
100		7.8	7.2
180		7.8	7.2

pH-Units

C- μ g/L	Control Type	1	2
0	Negative Contr	7.8	7.6
18		7.7	7.7
32		7.7	7.7
56		7.7	7.7
100		7.7	7.7
180		7.7	7.7

Salinity-ppt

C- μ g/L	Control Type	1	2
0	Negative Contr	34	34
18		34	34
32		34	34
56		34	34
100		34	34
180		34	34

Temperature-°C

C- μ g/L	Control Type	1	2
0	Negative Contr	14.2	14.2
18		14.2	14.2
32		14.2	14.2
56		14.2	14.2
100		14.2	14.2
180		14.2	14.2

Platform Ellen

Attachment 1

EPA DMR
PERMIT NO. CAG280000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTY NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	001A-A
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
MM/DD/YYYY	MM/DD/YYYY 01/31/2015
No Discharge	C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Drilling cuttings, volume	*****	*****	*****	*****	*****	*****		*****	
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY MX	bbl	*****	*****	*****		*****	Daily ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	370	bbl	*****	*****	*****		*****	
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	18150 YTD TOT	bbl	*****	*****	*****		*****	Annual Calcld
LC50 Static 96-Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		*****	Annual CALCTD
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		*****	
LC50 Static 96-Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		*****	
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		*****	Contingent GRAB
LC50 Static 96-Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		*****	
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		*****	Contingent GRAB
		3	MINIMUM	*****	*****	*****		*****	
		3	MINIMUM	*****	*****	*****		*****	
		3	MINIMUM	*****	*****	*****		*****	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Executive Vice President, Chief Operating Officer TYPED OR PRINTED	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
---	---	---	-----------------------------	--------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment 3.
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.
5. Well A-33 drill activities began on December 15 and completed on February 9, 2015. There were no associated discharges.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	002A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
01/31/2015	

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Produced Water Monthly	
External Outfall	
No Discharge	C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	DAILY MX	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
006552 1 0 Effluent Gross Produced water, flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	42	mg/L	Weekly
	PERMIT REQUIREMENT	Req. Mon.	bbl/d	Req. Mon.	MO AVG	*****			
82600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	ESTIMA
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	TYPED OR PRINTED		(562) 628 1526	04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Ely-only platform capable of discharging PW. All produced water is sent to Ely for processing (refer to Pit Ely DMR).
2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
3. If PW is discharged, 12 mo of monitoring is required for RP analysis.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge A

PERMIT NUMBER	DISCHARGE NUMBER	
	MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Well fluids, oil & grease	*****	*****	*****	*****	*****	*****			
04379 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	42 DAILY MX	mg/L
Number of Events	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MX		Once per Occurance	GRAB
51484 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	CALCTD
Well fluids, free oil	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****	Once per Occurance
82603 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	Req. Mon. MO TOTAL	*****	*****	*****	*****	*****	GRAB
Well fluids, volume	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****	Once per Discharge
82604 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	Req. Mon. MO AVG	bbt	*****	*****	*****	*****	ESTIMA
	PERMIT REQUIREMENT								Once per Occurance

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced when applicable

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01147	DISCHARGE NUMBER	004A-A
MONITORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY		
01/01/2015	01/31/2015		

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Deck Drainage
 External Outfall
No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate, deck drainage	*****	*****	*****	*****	*****	*****		*****	
51666 1 0									
Effluent Gross	Reg. Mon.	bb/d	*****	*****	*****	*****		*****	
Free Oil Visual Sheen	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	*****		*****	
51689 RW 0	SAMPLE MEASUREMENT		*****	*****	*****	*****		*****	
Receiving Water	PERMIT REQUIREMENT		*****	*****	*****	*****	Req. Mon.	MO TOTAL	DAILY
									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526	04/22/2015	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Free Oil Sheen - # days observed
- NODI (A): Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plat Elly DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

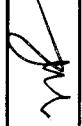
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF011147	005A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
LAT	01/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Domestic and Sanitary Waste
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****	*****	*****	*****	*****	*****	
51667 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	Monthly ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
82605 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****	*****	*****	
Effluent Gross	SAMPLE MEASUREMENT	80	*****	bb/d	*****	*****	*****	*****	Monthly GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	*****	*****	bb/d	*****	*****	*****	*****	
82606 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	Monthly ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
82607 RW 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	0	# dis/d	*****	*****	*****	*****	
Receiving Water	SAMPLE MEASUREMENT	*****	*****	# dis/d	*****	*****	*****	*****	
Domestic waste, foam and floating	SAMPLE MEASUREMENT	*****	*****	Req. Mon. MO TOTAL	*****	*****	*****	*****	
solids	PERMIT REQUIREMENT	*****	*****	NODI (A)	*****	*****	*****	*****	
82608 RW 0	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	#/mo	*****	*****	*****	*****	
Receiving Water	TYPED OR PRINTED								DAILY VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	(562) 628 1526	04/22/2015	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Domestic Waste is commingled with produced water at Platform Elly.
2. NODI (A): The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01147
DISCHARGE NUMBER	006A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 Blowout Preventer Fluid
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO TOTAL	Req. Man.	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	MO TOTAL	Req. Man.	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Jim Guijon Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526	TELEPHONE	DATE 04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULARS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01147	007A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Desalination Unit Discharge	
External Outfall	No Discharge <input checked="" type="checkbox"/> C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULARS NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	008A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
01/01/2015	No Discharge <input checked="" type="checkbox"/> A

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Fire Control System Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****				
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily	VISUAL
Receiving Water									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
--	---	---	---------------------------------	------------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2
- NODI (A): Fire Control System Water is commingled with Produced Water at Platform Elly
- Fire Control System Water is not chlorinated or chemically treated

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LLO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF011147	009A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
No Discharge	<input type="checkbox"/>

DMR Mailing ZIP CODE:
MINOR
(SUBR FW)
Non-Contact Cooling Water
External OutfallNo Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE	*****	*****	*****	.0011	.0011	mg/L	0	Quarterly
	MEASUREMENT	*****	*****	*****	.00583	.0104	mg/L	Quarterly	Grab
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MX			GRAB
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
511705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water	SAMPLE	*****	*****	*****	*****	*****	*****	0	Visual
	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Visual
Flow	SAMPLE	36,000		bbi/d	*****	*****	*****	0	Estima
	MEASUREMENT	*****		bbi/d	*****	*****	*****	0	Estima
74076 1 0	PERMIT REQUIREMENT	Req. Mon.	*****	bbi/d	*****	*****	*****	*****	ESTIMA
Effluent Gross		MO AVG							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion	Signature		
Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.
- Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
- When present, Chlorine values are reported post-dilution per EPA Plumes UM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	010A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Ballast and Storage Displacement Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	*****	*****	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly
	SAMPLE	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER	MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PARTICULTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52N LO 118°07'41.6W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAFG01147
DISCHARGE NUMBER	011A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Bilge Water
01/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 Bilge Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	*****	*****	*****	*****	*****	*****	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA Monthly
	SAMPLE	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the information system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	(562) 628 1526	TELEPHONE	DATE
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147	DISCHARGE NUMBER	012A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	01/01/2015		Boiler Blowdown
			External Outfall

No Discharge C

DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)

Boiler Blowdown
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015
AREA Code	NUMBER	MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER: CAF001147 PERMIT EXPIRATION DATE: 01/01/2015

DISCHARGE NUMBER	013A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/31/2015
External Outfall	No Discharge <input checked="" type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Test Fluids
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Floating solids or visible foam-visual/day/s	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1.0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR <i>MG</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147	DISCHARGE NUMBER	014A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	01/31/2015
			No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Diatomaceous Earth Filter Media
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52" N LO 118°07'41.6" W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01147	015A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/31/2015
01/01/2015	No Discharge <input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall
No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Daily	Visual
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
51705 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Daily	Visual
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	DAILY	VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guijon Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER MM/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33°34'56.52" N LO 118°07'41.6" W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAFG001147
DISCHARGE NUMBER	016A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
External Outfall	No Discharge <input checked="" type="checkbox"/> A

DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)Uncontaminated Water
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- NODI (A): Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	017A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/31/2015
External Outfall	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Water Flooding Discharges
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>M</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	018A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
01/31/2015	

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Laboratory Waste
External Outfall
No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> <p><i>Jim Guion</i></p>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526 AREA Code NUMBER MM/DD/YYYY	DATE 04/22/2015
--	--	---	--	--------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Laboratory Waste commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LON 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	019A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
No Discharge	C

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbi/d	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	MEASUREMENT	0	*****	bbl/yr	*****	*****	*****	*****	Monthly
	PERMIT REQUIREMENT	1200	*****	bbl/yr	*****	*****			
Flow	YTD TOT	YTD TOT	*****	*****	*****	*****	*****	*****	Annual
74076 EG 0 Effluent Gross							*****	*****	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Executive Vice President, Chief Operating Officer	Jim Guion		(562) 628 1526	04/22/2015	AREA Code NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.
2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01147
DISCHARGE NUMBER	020A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MINOR
01/01/2015	Muds, Cuttings and Cement at Sea Floor
	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Man MO TOTAL	d	DAILY
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	DAILY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52" N LO 118°07'41.6" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	021A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
No Discharge	C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Hydrotest Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L	Monthly
	MEASUREMENT	*****	*****	*****	*****	*****			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	GRAB
	SAMPLE	*****	*****	*****	*****	*****			
Free Oil Visual Sheen	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			
Flow	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****			
74076 1 0 Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER	MM/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF01147	DISCHARGE NUMBER	022A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	01/01/2015
			01/31/2015
			No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****			ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/01/2015
02/28/2015	

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51707 1 0	PERMIT REQUIREMENT	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****			
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
78244 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
78245 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82589 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82594 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	270	bbl	*****	*****			
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	49950	bbl	*****	*****			
82594 EG 0	PERMIT REQUIREMENT	*****	YTD TOT	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82595 1 0	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the information system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE
Jim Guijon Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526	04/22/2015	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
 3. Drill fluid inventory refer to Attachment referenced when applicable.
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms
 Ellen and Elly, as listed in the permit.
5. Well A-33 drill activities began on December 15 and completed on February 9, 2015. There were no associated discharges.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF01147	002-A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	29	DAILY MX	mg/L
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00552 1 0 Effluent Gross Produced water, flow	*****	*****	*****	*****	*****	*****	MO AVG	*****	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82600 1 0 Effluent Gross	Req. Mon.	*****	bbi/d	*****	*****	*****	*****	*****	ESTIMA
	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Elly-only platform capable of discharging PW All produced water is sent to Elly for processing (refer to Pit Ely DMR).
2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
3. If PW is discharged, 12 mo of monitoring is required for RP analysis.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240LONG BEACH, CA 90802
FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	003A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Well Treatment, Completion and Workover Flui
02/01/2015	External Outfall

No Discharge A

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Flui

External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
04379 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	29	DAILY AVG	Once per Occurrence
Effluent Gross							42	DAILY MX	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	Once per Occurrence
Type of Job: Well Completion	PERMIT REQUIREMENT	*****	1	#	*****	*****	*****	*****	Calcd
51484 1 0	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****	CALCTD
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	Once per Occurrence
Well fluids, free oil	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****	GRAB
82603 1 0	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****	Once per Discharge
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
Well fluids, volume	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl	*****	*****	*****	*****	*****	
82604 1 0	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	*****	*****	*****	*****	*****	ESTIMA
Effluent Gross									Once per Occurrence

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guijon Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526 AREA Code NUMBER MM/DD/YYYY	DATE 04 22 2015
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced when applicable

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	005A-A
MONITORING PERIOD	(SUBR FW) MM/DD/YYYY 02/01/2015
DISCHARGE DATE	MM/DD/YYYY 02/28/2015
DISCHARGE OUTFALL	No Discharge <input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Domestic and Sanitary Waste
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****	*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	bb/d	*****	*****	*****			
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	NODI (A)	NODI (A)			Monthly	ESTIMA
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1	MINIMUM	10	mg/L	Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	79	*****	bb/d	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	bb/d	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	0	# dis/d	*****	*****	*****	*****		0	Monthly
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		0	Daily
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	NODI (A)	*****	*****	*****	*****	*****		Daily	VISUAL
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>Jim Guion</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER	MM/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Domestic Waste is commingled with produced water at Platform Elly.
2. NODI (A): The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LLO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01147
DISCHARGE NUMBER	006A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)

Blowout Preventer Fluid
External Outfall

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		(562) 628 1526 AREA Code	TELEPHONE DATE 04 22 2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	007A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Desalination Unit Discharge
02/01/2015	External Outfall

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Giulian Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
		AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52N LO 118°07'41.6W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	008A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Fire Control System Water	
External Outfall	No Discharge <input checked="" type="checkbox"/> A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
51705 RW0	*****	*****	*****	*****	*****	*****	Reg. Mon.	d	Daily
Receiving Water							MO TOTAL		VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2
- NODI (A); Fire Control System Water is commingled with Produced Water at Platform Ely.
- Fire Control System Water is not chlorinated or chemically treated

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	009A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Non-Contact Cooling Water
02/01/2015	External Outfall
	No Discharge <input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Non-Contact Cooling Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE	*****	*****	*****	NODI (9)	NODI (9)	0104 DAILY MX	mg/L	Quarterly
	MEASUREMENT	*****	*****	*****	00583 MO AVG	00583 MO AVG			
50060 1 0 Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	*****	0	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	SAMPLE	36,000	bb/d	*****	*****	*****	*****	0	Visual
	MEASUREMENT	*****	bb/d	*****	*****	*****			
74076 1 0 Effluent Gross	SAMPLE	Req. Mon.	*****	*****	*****	*****	*****	0	Estima
	MEASUREMENT	MO AVG	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED	Jim Guion	TELEPHONE	DATE
	Executive Vice President, Chief Operating Officer	(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
3. When present, Chlorine values are reported post-dilution per EPA Plumes UM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	010A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Ballast and Storage Displacement Water
 External Outfall
No Discharge C

PARAMETER	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	UNITS	VALUE	UNITS	VALUE			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily
51689 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	VISUAL
51705 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	VISUAL
Flow	SAMPLE MEASUREMENT	bb/d	bb/d	*****	*****	*****	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****	ESTIMA
74076 1 0 Effluent Gross							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guión Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i>	(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	011A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/28/2015
02/01/2015	

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	Monthly	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			
7407610 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering this information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
		AREA Code NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULARS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56 52N LO 118 07 41.6W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147	DISCHARGE NUMBER	012A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	02/28/2015
	02/01/2015		

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Boiler Blowdown	
External Outfall	
No Discharge	C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon.	d	Daily
Receiving Water							MO TOTAL		VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Jim Guion	
Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	013A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Test Fluids
02/01/2015	External Outfall

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
No Discharge	C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
51705 RW 0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Flow	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
74076 1 0 Effluent Gross	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	*****	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		(562) 628 1526	04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

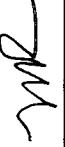
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	014A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/28/2015
02/01/2015	

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Diatomaceous Earth Filter Media	
External Outfall	
No Discharge	C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526	MM/DD/YYYY	(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01147
DISCHARGE NUMBER	015A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Bulk Transfer Material Overflow
02/01/2015	External Outfall
	No Discharge <input type="checkbox"/>

DISCHARGE NUMBER	015A-A
PERMIT NUMBER	CAF01147
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Bulk Transfer Material Overflow
02/01/2015	External Outfall
	No Discharge <input type="checkbox"/>

DISCHARGE NUMBER	015A-A
PERMIT NUMBER	CAF01147
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Bulk Transfer Material Overflow
02/01/2015	External Outfall
	No Discharge <input type="checkbox"/>

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY	SAMPLE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	Daily
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Visual

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	<i>[Signature]</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	(562) 628 1526	TELEPHONE
	04/22/2015	DATE
AREA Code	MM/DD/YYYY	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01147	DISCHARGE NUMBER	016A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	02/01/2015
			02/28/2015

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Uncontaminated Water	
External Outfall	

No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526 AREA Code	04/22/2015 NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33°34'56.52" N LO 118°07'41.6" W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	017A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/01/2015
02/28/2015	

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code	TELEPHONE	DATE
	(562) 628 1526	04/22/2015	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLEN**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	018A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Laboratory Waste
02/01/2015	External Outfall

No Discharge A**DMR Mailing ZIP CODE:** 90802**MINOR**(SUBR FW)
Laboratory Waste
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Jim Guion Executive Vice President, Chief Operating Officer	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code	NUMBER	TELEPHONE	DATE
(562)	628 1526	04 22 2015	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Laboratory Waste commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	019AA-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/28/2015
02/01/2015	

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Excess Cement Slurry
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RVW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RVW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross Flow	MEASUREMENT	0	*****	bbl/r	*****	*****	*****	*****	Annual
	PERMIT REQUIREMENT	1200	*****	bbl/r	*****	*****			
74076 EG 0 Effluent Gross	YTD TOT	*****					*****	*****	Annual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.
2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF001147	DISCHARGE NUMBER	020-A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	02/01/2015		Muds, Cuttings and Cement at Sea Floor
			External Outfall

No Discharge C

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51669 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			

I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i>
AREA CODE	TELEPHONE
562	(562) 628 1526
NUMBER	DATE
MM/DD/YYYY	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01147
DISCHARGE NUMBER	022A-A
MONITORING PERIOD	MM/DD/YYYY 02/01/2015
MM/DD/YYYY	MM/DD/YYYY 02/28/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 H2S Gas Processing Waste Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	MONTHLY ESTIMA

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED		AREA Code NUMBER MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAFG01147
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
DISCHARGE NUMBER	001A-A
DISCHARGE DATE	MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
511707 1 0	PERMIT REQUIREMENT	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****	*****	End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
78244 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	3	mg/kg	Once per Batch
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	DAILY MX	GRAB
78245 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1	mg/kg	Once per Batch
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	DAILY MX	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
82589 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
82594 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bol	*****	*****	*****	*****	*****	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	bol	*****	*****	*****	*****	*****	
Drilling fluids, volume	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****	*****	
82594 EG 0	SAMPLE MEASUREMENT	*****	*****	bbl	*****	*****	*****	*****	*****	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
82595 1 0	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****	Req. Mon. MO TOTAL	d
Effluent Gross										DAILY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	Jim Guion Executive Vice President, Chief Operating Officer	TELEPHONE (562) 628 1526	DATE 04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
 3. Drill fluid inventory refer to Attachment referenced when applicable.
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PARTICIPATE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52" N LO 118°07'41.6" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Drilling Fluids and Cuttings
03/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)

Drilling Fluids and Cuttings
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Drilling cuttings, volume	*****		*****	*****	*****	*****	*****	*****	
	SAMPLE		Req. Mon.	*****	*****	*****	*****	*****	
	MEASUREMENT		DAILY MX	bbi	*****	*****	*****	*****	Daily ESTIMA
82596 1 0	*****		PERMIT REQUIREMENT	*****	*****	*****	*****	*****	
Effluent Gross			SAMPLE	*****	*****	*****	*****	*****	
Drilling cuttings, volume			MEASUREMENT	*****	*****	*****	*****	*****	
	*****		PERMIT	*****	*****	*****	*****	*****	
	*****		REQUIREMENT	*****	*****	*****	*****	*****	
82596 EG 0	*****		SAMPLE	*****	*****	*****	*****	*****	
Effluent Gross			MEASUREMENT	*****	*****	*****	*****	*****	
LC50 Static 96Hr Acute Mysid. Bahia	*****		PERMIT	*****	*****	*****	*****	*****	
TAB3E 1 0	*****		REQUIREMENT	*****	*****	*****	*****	*****	
Effluent Gross			SAMPLE	*****	*****	*****	*****	*****	
LC50 Static 96Hr Acute Mysid. Bahia			MEASUREMENT	*****	*****	*****	*****	*****	
TAB3E EG 0	*****		PERMIT	*****	*****	*****	*****	*****	
Effluent Gross			REQUIREMENT	*****	*****	*****	*****	*****	
LC50 Static 96Hr Acute Mysid. Bahia	*****		SAMPLE	*****	*****	*****	*****	*****	
TAB3E O 0	*****		MEASUREMENT	*****	*****	*****	*****	*****	
See Comments			PERMIT	*****	*****	*****	*****	*****	
			REQUIREMENT	*****	*****	*****	*****	*****	
			SAMPLE	*****	*****	*****	*****	*****	
			MEASUREMENT	*****	*****	*****	*****	*****	
			PERMIT	*****	*****	*****	*****	*****	
			REQUIREMENT	*****	*****	*****	*****	*****	
			SAMPLE	*****	*****	*****	*****	*****	
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			PERMIT	*****	*****	*****	*****	*****	
			REQUIREMENT	*****	*****	*****	*****	*****	
			SAMPLE	*****	*****	*****	*****	*****	
			MEASUREMENT	*****	*****	*****	*****	*****	
			PERMIT	*****	*****	*****	*****	*****	
			REQUIREMENT	*****	*****	*****	*****	*****	
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			MEASUREMENT	*****	*****	*****	*****	*****	
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			PERMIT	*****	*****	*****	*****	*****	
			REQUIREMENT	*****	*****	*****	*****	*****	
			SAMPLE	*****	*****	*****	*****	*****	
			MEASUREMENT	*****	*****	*****	*****	*****	
			PERMIT	*****	*****	*****	*****	*****	
			REQUIREMENT	*****	*****	*****	*****	*****	
			SAMPLE	*****	*****	*****	*****		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52" N LO 118°07'41.6" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01147	002A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Produced Water Monthly
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oil and grease, hexane extr method	*****	*****	*****	*****	*****	*****			
00552 1 0	*****	*****	*****	*****	29	DAILY MX	42	mg/l	Weekly
Effluent Gross	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	SAMPLE MEASUREMENT	SAMPLE MEASUREMENT	MO AVG	GRAB	*****	*****	*****
Produced water, flow	*****	*****	*****	*****	*****	*****	*****	*****	*****
82600 1 0	PERMIT REQUIREMENT	Req. Mon.	Req. Mon.	Req. Mon.	*****	*****	*****	*****	*****
Effluent Gross	MO AVG	bbl/d	*****	*****	*****	*****	*****	*****	Daily ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
---	---	---	-----------------------------	--------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Elly-only platform capable of discharging PW. All produced water is sent to Elly for processing (refer to Pt Elly DMR).
2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
3. If PW is discharged, 12 mo of monitoring is required for RP analysis.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF01147	003A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
External Outfall	No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L
Number of Events	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			Once per GRAB Occurrence
Type of Job: Well treatment	PERMIT REQUIREMENT	*****	*****	1 #	*****	*****			
51484 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	Req. Mon. TOTAL	*****	*****			
Well fluids, free oil	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO TOTAL	*****	*****			
82603 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	Req. Mon. occur/mo	*****	*****			
Well fluids, volume	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO TOTAL	*****	*****			
82604 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	Req. Mon. bbl	*****	*****			
	PERMIT REQUIREMENT	MO AVG	*****	Req. Mon. MO TOTAL	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>MJ</i>	TELEPHONE (562) 628 1526	DATE 04 22 2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced when applicable

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52N LO 118°07'41.6W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147	DISCHARGE NUMBER	004A-A
MONITORING PERIOD	MM/DD/YYYY		MM/DD/YYYY
	03/01/2015		03/31/2015
			No Discharge <input checked="" type="checkbox"/> A

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Deck Drainage
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	VALUE	UNITS	VALUE	UNITS	VALUE			
Flow rate, deck drainage	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
51666 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****	Monthly ESTIMA
Effluent Gross									
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily VISUAL
Receiving Water									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for violations.
TYPED OR PRINTED	 Jim Guion Executive Vice President, Chief Operating Officer

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Free Oil Sheen - # days observed
- NODI (A): Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Pt Elly DMR).

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52" N LO 118°07'41.6" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER	CAF001147	DISCHARGE NUMBER	005A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	03/31/2015
			No Discharge <input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Domestic and Sanitary Waste
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****	*****	*****	*****	*****	*****	
51667 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI (A)	NODI (A)			
Sanitary waste, residual chlorine	PERMIT REQUIREMENT	*****	*****	*****	1	MINIMUM	10	mg/l	Monthly GRAB
82605 1 0	SAMPLE MEASUREMENT	73	*****	bb/d	*****	*****	*****	*****	Monthly Estima
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Sanitary waste, flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	DAILY
82606 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Effluent Gross	SAMPLE MEASUREMENT	*****	0	# dis/d	*****	*****	*****	*****	DAILY
Sanitary waste, solids	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****	Visual
82607 RW 0	SAMPLE MEASUREMENT	*****	NODI (A)	*****	*****	*****	*****	*****	DAILY
Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****	VISUAL
Domestic waste, foam and floating	SAMPLE MEASUREMENT	*****	NODI (A)	*****	*****	*****	*****	*****	
solids	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****	
82608 RW 0	SAMPLE MEASUREMENT	*****	NODI (A)	*****	*****	*****	*****	*****	
Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
AREA Code	NUMBER	MM/DD/YYYY	TELEPHONE DATE
(562)	628 1526	04/22/2015	(562) 628 1526 04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Domestic Waste is commingled with produced water at Platform Elly.
2. NODI (A): The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	006A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/01/2015
External Outfall	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Blowout Preventer Fluid
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Floating solids or visible foam- visual/days	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR Jim Guion AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	007A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Desalination Unit Discharge
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon.	d	Daily
Receiving Water							MO TOTAL		VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	TYPE OR PRINTED	TELEPHONE (562) 628 1526	DATE 04/22/2015
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	NUMBER MM/DD/YYYY	TELEPHONE (562) 628 1526	DATE 04/22/2015
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAG001147	DISCHARGE NUMBER	008A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
	03/01/2015		Fire Control System Water
			External Outfall

No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>MC</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED EPA Form 3320-1 (Rev.01/06) Previous editions may be used.	AREA Code NUMBER MM/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2
- NODI (A): Fire Control System Water is commingled with Produced Water at Platform Elly.
- Fire Control System water is not chlorinated or chemically treated.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	009A-A
DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/01/2015
No Discharge	<input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	VALUE	UNITS	VALUE	UNITS	UNIT\$			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI (9)	NODI (9)			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.00583 MO AVG	DAILY MX	.0104 mg/L	Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36,000	bb/d	*****	*****	*****	*****	0	Monthly
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	0	Monthly

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	TYPED OR PRINTED		(562) 628 1526	04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
3. When present, Chlorine values are reported post-dilution per EPA Plumes UM.

4. NODI (9): Quarterly/No required monitoring this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	No Discharge <input checked="" type="checkbox"/> C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNIT	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly
	SAMPLE	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	<i>[Signature]</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	(562) 628 1526	TELEPHONE
	04/22/2015	DATE
AREA Code	MM/DD/YYYY	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	011A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Bilge Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
51669 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Floating solids or visible foam- visual/days	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Flow	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	ESTIMA MONTHLY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52" N LO 118°07'41.6" W
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	012A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/01/2015
MM/DD/YYYY	03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Boiler Blowdown
 External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
51705 RW 0	*****	*****	*****	*****	*****	*****	Req. Mon.	d	Daily
Receiving Water							MO TOTAL		VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>MG</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	013A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Test Fluids
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	bbl/d	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with systems designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>MR</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER MM/DD/YYYY	

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52" N LO 118°07'41.6" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	014A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/01/2015
MM/DD/YYYY	03/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Diatomaceous Earth Filter Media
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51669 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR <i>JK</i> AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	NUMBER MM/DD/YYYY	AREA Code	NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULATED ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147	DISCHARGE NUMBER	015A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	03/31/2015
MM/DD/YYYY	03/01/2015	MM/DD/YYYY	03/31/2015
External Outfall	No Discharge		<input type="checkbox"/>

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	0	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon.	d	Visual
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO TOTAL	d	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526	(562) 628 1526	04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	016A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Uncontaminated Water
 External Outfall
 No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED 	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33°34'56.52"N LO 111°18'07.41.6"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	017A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	03/31/2015

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51669 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			

CAF001147	017A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	03/31/2015

CAF001147	017A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	03/31/2015

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Jim Guion Executive Vice President, Chief Operating Officer	
TYPED OR PRINTED	(562) 628 1526 AREA Code NUMBER MM/DD/YYYY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001147
DISCHARGE NUMBER	018A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Laboratory Waste
03/01/2015	External Outfall

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Laboratory Waste
 External Outfall
No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				

1. NODI (A): Laboratory Waste commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01147
DISCHARGE NUMBER	019A-A
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
MM/DD/YYYY	MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Excess Cement Slurry
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil/Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
Flow	SAMPLE MEASUREMENT	0	bb/yr	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200	bb/yr	*****	*****	*****	*****	*****	Annual
		YTD TOT					CALCTD		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the information system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR <i>Jim Guion</i> AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.
2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER CAG001147 **DISCHARGE NUMBER** 020A-A

MONITORING PERIOD
MM/DD/YYYY 03/01/2015 **MM/DD/YYYY** 03/31/2015

DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY 03/01/2015 **MM/DD/YYYY** 03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)

Muds, Cuttings and Cement at Sea Floor
External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33°34'56.52"N LO 118°07'41.6"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	021A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Hydrotest Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L	
Effluent Gross							Monthly		GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Receiving Water									VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Receiving Water									VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
Effluent Gross							Monthly		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	022A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 H2S Gas Processing Waste Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT								
51689 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Flow	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
74076 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****	ESTIMA
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guijon Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attachment 2

Chemical Inventory

ATTACHMENT 2
PLATFORM ELLEN
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
January 1, 2015 through March 31, 2015

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe¹ Concentration</u> (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
January	36,000	Chlorine	0.76	0.5
February	36,000	Chlorine	1.06	0.7
March	36,000	Chlorine	0.45	0.3
008 Fire Control System Water	N / A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Elly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N/A: Not chlorinated

Attachment 3

Non-Contact Cooling Water
Chlorine Residual Results

ATTACHMENT 3
PLATFORM ELLEN
NON-CONTACT COOLING WATER CHLORINE RESULTS
January 1, 2015 through March 31, 2015

<u>Discharge</u>	<u>Average</u>	<u>Maximum</u>	<u>Result</u>	<u>End-of-Pipe</u>	<u>EPA Plumes</u>
<u>Measurement</u>	<u>Monthly Limit¹</u>	<u>Daily Limit¹</u>	<u>Post Dilution</u>	<u>Concentration</u>	<u>Dilution</u>
<u>Frequency</u>					
009 Non-contact Cooling Water					
Sample Date: 01/19/15	Once/Quarter	0.00583	0.0104	0.00113	0.17
					149:1
				EPA Method 330.5	

¹ Limits are post-dilution as listed in the permit, Appendix C.

Attachment 4

Prohibited Discharges

ATTACHMENT 4
PLATFORM ELLEN
Prohibited Discharges

January 1, 2015 through March 31, 2015

<u>Prohibited Discharge</u>	<u>Permit Requirement/Limit</u>	<u>Monitoring Results</u>
Free Oil ¹	0 days sheen observed on the receiving water during daylight hours	0 Days
Foam ¹	0 days foam observed on the receiving water during daylight hours	0 Days
Floating Solids ¹	0 days solids observed on the receiving water during daylight hours	0 Days
Surfactants ²	Minimize	Minimized
Detergents ²	Minimize	Minimized
Dispersants ²	Minimize	Minimized
Produced Sands ³	No Discharge	No Discharge
Halogenated Phenol Compounds ⁴	No Discharge	No Discharge
Chrome Lignosulfonate ⁴	No Discharge	No Discharge
Tracer Materials ⁵	Limited	Limited
Garbage ⁶	No Discharge	No Discharge

¹ Free Oil, Foam, and Floating Solids: Monitoring by visual observation of the surface of the receiving water in the vicinity of the outfalls shall be conducted during daylight hours.

² The discharge of surfactants, dispersants, and detergents shall be minimized except as necessary to comply with safety requirements of the Occupational Health and Safety Administration and BSEE. The discharge to marine waters in response to oil or other hazardous spills is not authorized.

³ There shall be no discharge of produced sands.

⁴ Other Toxic and Non-conventional Compounds: There shall be no discharge of diesel oil, halogenated phenol compounds, or chrome lignosulfonate. Diesel oil discharge information will be located under the Drilling Inventory attachment when applicable.

⁵ Radioactive tracer concentration above the background in the parent, discharge waste stream shall be limited in 10 CFR 20 Appendix B, Table II, Column 2, Effluent Concentrations, Water.

⁶ The discharge of garbage is prohibited.

Attachment 5

Laboratory reports for NPDES
monitoring

Laboratory Quality Control Reports

LTS ENVIRONMENTAL, INC.

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

January 22, 2015

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5) <u>End of Pipe</u>
January 19, 2015 @ 1200 hrs	Platform Elly / Ellen Non-Contact Cooling Water Outlet East Seawater Pump	0.17 mg/l
LTS Meter S/N: 12040E195572 Technician: Cole Jenkins		Method Blank < 0.05 mg/l (MDL)


S.G. Lawry
Environmental Specialist / LTS



LTS ENVIRONMENTAL, INC.

September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine (EPA Method 330.5)
September 5, 2014	
LTS meter (SN 041200088375)	0.57 mg/l
LTS meter (SN 12040E195572)	0.52 mg/l
RT Corporation test sample: (Lot #QC1065-021081)	
Acceptance Limits	0.481 – 0.835 mg/l
Certified Value	0.658 mg/l \pm 0.0110
LTS Lead Technician: Mike Apple	Method Blank < 0.05 mg/l



S.G. Lawry
Environmental Specialist
President, LTS

Attachment 6

Drilling Mud Chemical Inventory

ATTACHMENT 6
DRILLING MUD CHEMICAL INVENTORY
Well A-33

December 2014

Mud Component Additive	Total Pounds	%	ppm
Amber Guard	494	0.13%	1289.4
Barite	259000	67.6%	676042.9
Poly Tek +	38000	9.92%	99187.8
KCl	40000	10.4%	104408.2
KOH	2050	0.54%	5350.9
Drispac Super lo	2150	0.56%	5611.9
Geozan	825	0.22%	2153.4
Soda Ash	2050	0.54%	5350.9
Choline Chloride	148	0.04%	386.3
Walnut Hull	1000	0.26%	2610.2
Defoamer 7	14.8	0.004%	38.6
Latural Lube	980	0.26%	2558.0
Cal Carb	36400	9.5%	95011.4

ATTACHMENT 6**DRILLING MUD CHEMICAL INVENTORY****A-33 ST-1 Chemical Inventory**

Mud Component Additive	Total Pounds	%	ppm
PolyTek+	100500	97.4%	973,894
KCl	135600	131.4%	1,314,030
Barite	815500	790.3%	7,902,591
GeoZan	4250	4.1%	41,185
Drispac Slo	8500	8.24%	82,369
KOH	4400	4.26%	42,638
CalCarb	65450	63.42%	634,242
Lateral Lube	17794	17.24%	172,433
Choline Chloride	780	0.76%	7,559
Amber Guard	1377	1.33%	13,344
Bicarb	600	0.58%	5,814

ATTACHMENT 6

January Week 4

DRILLING MUD CHEMICAL INVENTORY**A-33 ST-1 Chemical Inventory**

Mud Component Additive	Total Pounds	%	ppm
PolyTek+	152500	9.2%	92,288
KCl	196000	11.9%	118,613
Barite	1123500	68.0%	679,907
GeoZan	7000	0.4%	4,236
Drispac Slo	12000	0.73%	7,262
KOH	4900	0.30%	2,965
CalCarb	91800	5.56%	55,554
Lateral Lube	20672	1.25%	12,510
Choline Chloride	3120	0.19%	1,888
Amber Guard	1950	0.12%	1,180
Bicarb	600	0.04%	363
Soda Ash	2450	0.15%	1,483
CaCl Pellets	20400	1.23%	12,345
Magma Fiber	11790	0.7%	7,135
Gel	1000	0.1%	605
Drillstar	1500	0.1%	908
NaOH	250	0.0%	151
Walnut Hulls	1000	0.1%	605

DRILLING MUD CHEMICAL INVENTORY**A-33 ST-1 Chemical Inventory**

Mud Component Additive	Total Pounds	%	ppm
Amber Guard	1938	0.1%	1,057
Barite	1123500	61.3%	612,504
PolyTek+	152500	8.3%	83,139
KCl	196000	10.7%	106,854
KOH	4900	0.27%	2,671
Drispac Super Lo	12000	0.65%	6,542
Geozan	13375	0.73%	7,292
Cal-Carb200	81250	4.43%	44,295
Cal-Carb 80	39800	2.17%	21,698
Bicarb	600	0.03%	327
Soda Ash	2450	0.13%	1,336
Walnut Hulls	1000	0.05%	545
CaCl Pellets	148400	8.09%	80,904
Choline Chloride	3120	0.2%	1,701
Lateral Lube	20672	1.1%	11,270
Magma Fiber	18420	1.0%	10,042
Gel	4700	0.3%	2,562
Drillstar	9100	0.5%	4,961
NaOH	550	0.03%	300

Platform Eureka

Attachment 1

EPA DMR
PERMIT NO. CAG280000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01149
DISCHARGE NUMBER	001A-A
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
MM/DD/YYYY	MM/DD/YYYY 01/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	Y=1,N=0	*****	*****	*****			End Of Well GRAB
Cadmium (Cd), in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			GRAB
Mercury (Hg), in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Once per Batch GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Once per Batch GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY MX	*****	*****			DAILY when Discharging GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	0	bbl	*****	*****			***** Daily ESTIMA
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	36650 YTD TOT	bbl	*****	*****			Annual Calc'd CALCTD
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****			***** Daily GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	04/22/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG288000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	001A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Drilling Fluids and Cuttings
01/01/2015	External Outfall

No Discharge C

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Drilling cuttings, volume	*****	*****	*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY MX	bbl	*****	*****	*****			Daily ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	0	bbl	*****	*****	*****			Annual Calctd
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	13350 YTD TOT	bbl	*****	*****	*****			Annual CALCTD
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Contingent GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Contingent GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	<i>Jim Guion</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	TELEPHONE	DATE	
	(562) 628 1526	04/22/2015	MM/DD/YYYY
AREA Code	NUMBER		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling Fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable.
3. Drilling Fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	002A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	01/01/2015
			01/31/2015

DMR Mailing ZIP CODE:	90802
MINOR (SUBR FW)	Produced Water Monthly
External Outfall	No Discharge <input checked="" type="checkbox"/> A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	42 DAILY MX	mg/L
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00552 1 0 Effluent Gross Produced water, flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	MO AVG	*****	GRAB
	PERMIT REQUIREMENT	Req. Mon.	bb/d	*****	*****	*****			
82600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	*****			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Jim Guion Executive Vice President, Chief Operating Officer	TELEPHONE	DATE
TYPED OR PRINTED		(562) 628 1526	04 22 2015
AREA CODE	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Produced Water annual cumulative flow from Mar 1st thru Feb 28th each year.
2. If Produced Water is discharged, 12 mo of monitoring is required for RP analysis
3. Produced water is commingled and processed at Platform Elly before being injected or discharged.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAG001149
DISCHARGE NUMBER	003A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Well Treatment, Completion and Workover Fluids
MM/DD/YYYY	External Outfall
01/01/2015	No Discharge <input checked="" type="checkbox"/> A

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)

Well Treatment, Completion and Workover Fluids
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
04379 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/l	Once per Occurrence
Effluent Gross									GRAB
Number of Events	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		
51484 1 0	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****		CALCTD
Effluent Gross									
Well fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		
82603 1 0	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****		GRAB
Effluent Gross									
Well fluids, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		
82604 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****		ESTIMA
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>JK</i>	TELEPHONE	DATE
Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Type and # of Job: Completion, workover, treatment or combination.
- Free Oil Static Sheen Test.
- Chemical Inventory, refer to Attachment referenced, when applicable.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

4.NODI (A): When present, WTCWFs are commingled with production and injected back into the formation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49N LON 118°06'59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	004A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	01/31/2015
MM/DD/YYYY	01/01/2015		

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33°33'49N LON 118°06'59W
 PACIFIC OCEAN, CA 90802

No Discharge A

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FV)
 Deck Drainage
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate, deck drainage	*****	*****	*****	*****	*****	*****	*****	*****	
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	*****	ESTIMA
51666 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	Monthly
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
					Req. Mon. MO TOTAL	d	Daily	DAILY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Free Oil Sheen - # days observed
- NODI (A): Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	005A-A
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
MM/DD/YYYY	MM/DD/YYYY 01/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Domestic and Sanitary Waste
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate, domestic	SAMPLE	NODI (A)	*****	*****	*****	*****	*****	*****	
	MEASUREMENT								
51667 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	
Sanitary waste, residual chlorine	MEASUREMENT								
82605 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	GRAB
Effluent Gross	SAMPLE	NODI (A)	NODI (A)						
Sanitary waste, flow	MEASUREMENT	4.1	bb/d	*****	*****	*****	*****	*****	
82606 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	
Sanitary waste, solids	MEASUREMENT	0	#/mo	*****	*****	*****	*****	*****	
82607 RW 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	#/mo	*****	*****	*****	*****	*****	Daily VISUAL
Receiving Water	SAMPLE	NODI (A)	NODI (A)	*****	*****	*****	*****	*****	
Domestic waste, foam and floating	MEASUREMENT								
solids	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****	*****	
82608 RW 0									
Receiving Water	TYPED OR PRINTED								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>MG</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPE OR PRINTED	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
2. NODI (A): The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

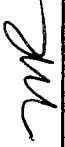
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	006A-A
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
MM/DD/YYYY	MM/DD/YYYY 01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Floating solids or visible foam- visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED				(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF01149	DISCHARGE NUMBER	007A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	01/01/2015
			01/31/2015

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Desalination Unit Discharge	
External Outfall	
No Discharge	<input checked="" type="checkbox"/> C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
51705 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.		
Receiving Water		PERMIT REQUIREMENT					MO TOTAL	d	Daily
									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion			
Executive Vice President; Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED	(562) 628 1526	(562) 628 1526	04/22/2015
	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33.49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF01149	008A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Fire Control System Water
External Outfall
No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526	04/22/2015	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2
- NODI (A): Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	009A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall
No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI (B)	NODI (B)	0	Quarterly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.00585 MO AVG	.0102 DAILY MX		Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	d	Daily	VISUAL
Flow	SAMPLE MEASUREMENT	68,571	bb/d	*****	*****	*****	*****	*****	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	0	Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015 AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.
- Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
- NODI (B) : < 0.05 mg/L (MDL)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Ballast and Storage Displacement Water
01/01/2015	External Outfall

No Discharge C

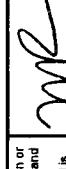
DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51689 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	DAILY	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL		
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51705 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	DAILY	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL		
Flow	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
74076 1 0	*****	*****	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	ESTIMA
Effluent Gross	PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	011AA-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
External Outfall	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bilge Water
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	(562) 628 1526 AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF01149	012A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Boiler Blowdown
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
517/05 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1	DAILY	VISUAL
Receiving Water					Req. Mon.	MO TOTAL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	013A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
01/31/2015	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Test Fluids
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/day	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	*****	*****	*****	*****	*****	*****	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	014A-A
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	01/01/2015
			01/31/2015
			No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Diatomaceous Earth Filter Media
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51689 RW 0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	DAILY
Floating solids or visible foam- visual/days	*****	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	DAILY
	SAMPLE	MEASUREMENT							
	PERMIT	REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion	 Executive Vice President, Chief Operating Officer		
TYPED OR PRINTED		TELEPHONE	DATE
	(562) 628 1526	04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF011149	DISCHARGE NUMBER	015A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
	01/01/2015		Bulk Transfer Material Overflow
			External Outfall

No Discharge

PERMIT NUMBER	CAF011149	DISCHARGE NUMBER	015A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
	01/01/2015		Bulk Transfer Material Overflow
			External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	Daily
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Visual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG288000**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802**FACILITY:** PLATFORM EUREKA**LOCATION:** LAT 33°33'49" N LO 118°06'59" W
PACIFIC OCEAN, CA 90802**ATTN:** Marina Robertson

CAF001149	016A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
 Uncontaminated Water
 External Outfall
No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
51705 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	d	Daily
Receiving Water							MO TOTAL		VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

1. NODI (A): Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER: CAF01149

PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)

Water Flooding Discharges
External Outfall

No Discharge C

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	*****	*****			
	MEASUREMENT										
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Floating solids or visible foam- visual/days	SAMPLE	*****	*****	*****	*****	*****	*****	*****			
	MEASUREMENT										
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01149
DISCHARGE NUMBER	018A-A
MONITORING PERIOD	MM/DD/YYYY 01/01/2015
MM/DD/YYYY	MM/DD/YYYY 01/31/2015
EX	

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Laboratory Waste
 External Outfall
 No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Floating solids or visible foam- visual/day/s	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>[Signature]</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
			AREA Code MM/DD/YYYY	NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Laboratory Waste commingled with Deck Drains and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	019A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	01/01/2015
No Discharge	C

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Excess Cement Slurry
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
51669 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Receiving Water	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
74076 1 0	SAMPLE	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	0	bb/yr	*****	*****	*****			
Flow	PERMIT REQUIREMENT	1200 YTD TOT	bb/yr	*****	*****	*****	*****	*****	Annual
74076 EG 0									
Effluent Gross	TYPED OR PRINTED								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	04/22/2015
TYPED OR PRINTED			AREA Code	NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PARTICULATED INFORMATION (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	020A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	01/01/2015		Muds, Cuttings and Cement at Sea Floor
			External Outfall

No Discharge C

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW ⁰ Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			VISUAL
51705 RW ⁰ Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01149	DISCHARGE NUMBER	021AA
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	01/01/2015
	No Discharge	C	

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Hydrotest Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L	Monthly
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code NUMBER	TELEPHONE	DATE 04 22 2015 MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	022A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	H2S Gas Processing Waste Water
01/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 H2S Gas Processing Waste Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	ESTIMA Monthly

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or oversight in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted, I am aware that there are significant penalties or submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	(562) 628 1526 04/22/2015 AREA Code Number MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01149
DISCHARGE NUMBER	001A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/01/2015
MM/DD/YYYY	02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall
No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****	*****	End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	3	mg/kg	Once per Batch
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	mg/kg	Once per Batch
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1	mg/kg	Once per Batch
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	mg/kg	Once per Batch
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL.	d	Daily when Discharging
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Reg. Mon. DAILY MX	*****	*****	*****	*****	*****	
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	*****	Reg. Mon. DAILY MX	*****	*****	*****	*****	*****	
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	0	bbl	*****	*****	*****	*****	*****	
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	*****	36650 bbl	*****	*****	*****	*****	*****	
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	YTD TOT	*****	*****	*****	*****	*****	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED										

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33°33'49"N LO 118°06'59"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01149	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Drilling cuttings, volume	*****	*****	*****	*****	*****	*****			
82596 1 0 Effluent Gross	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****			Daily ESTIMA
Drilling cuttings, volume	*****	0	bbl	*****	*****	*****			Annual Calcld
82596 EG 0 Effluent Gross	*****	13350 YTD TOT	bbl	*****	*****	*****			Annual CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE	*****	*****	*****	*****	*****			
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Contingent GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE	*****	*****	*****	3	MINIMUM		%	
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Contingent GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE	*****	*****	*****	3	MINIMUM		%	
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Contingent GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	<i>JG</i>		
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling Fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF01149
DISCHARGE NUMBER	002A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Produced Water Monthly
02/01/2015	External Outfall

No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE	*****	*****	*****	*****	*****	29	42 DAILY MX	mg/L
	MEASUREMENT	*****	*****	*****	*****	*****			
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	Weekly	GRAB
	SAMPLE	*****	*****	*****	*****	*****			
Produced water, flow	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	ESTIMA
	PERMIT REQUIREMENT	Reg. Mon.	*****	bb/d	*****	*****			
82600 1 0 Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	Daily	ESTIMA
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>JP</i>	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526	04/22/2015	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Produced Water annual cumulative flow from Mar 1st thru Feb 28th each year.
- If Produced Water is discharged, 12 mo of monitoring is required for RP analysis
- Produced water is commingled and processed at Platform Elly before being injected or discharged.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	003A-A
MONITORING PERIOD	MM/DD/YYYY	(SUBR FW)	
	02/01/2015	02/28/2015	

DMR Mailing ZIP CODE:	90002
MINOR	(SUBR FW)
Well Treatment, Completion and Workover Fluid	
External Outfall	
No Discharge	<input checked="" type="checkbox"/> A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	29	42	mg/L	Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	*****	MO AVG	DAILY MX	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	*****	Req. Mon. TOTAL	#	*****	*****	Once per Occurance	
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	*****	*****	Req. Mon. MO TOTAL	*****	*****	*****	Once per Occurance	
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbt	Req. Mon. MO TOTAL	*****	*****	*****	Once per ESTIMA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		(562) 628 1526	04/22/2015	
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced, when applicable.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	004A-A
MONITORING PERIOD	MM/DD/YYYY		MM/DD/YYYY
	02/01/2015		02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Deck Drainage
 External Outfall

No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	VALUE	UNITS	VALUE	UNITS	VALUE			
Flow rate, deck drainage	SAMPLE	*****		*****		*****	*****	*****	ESTIMA
	MEASUREMENT								
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbi/d	*****		*****	*****	*****	Monthly
	SAMPLE	*****		*****		*****			
Free Oil Visual Sheen	SAMPLE	*****		*****		*****	*****	*****	VISUAL
	MEASUREMENT								
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****		*****		*****	*****	*****	Daily
	SAMPLE								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015 AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Free Oil Sheen - # days observed
- NODI (A): Fire Control water and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	005A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Domestic and Sanitary Waste
02/01/2015	External Outfall
	No Discharge <input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Domestic and Sanitary Waste
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	VALUE	UNITS	VALUE	UNITS	VALUE			
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****	*****	*****	*****	*****	*****	
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Sanitary waste, residual Chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (A)	NODI (A)		
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1	10	mg/L	Monthly GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	35	*****	bb/d	*****	*****	*****	*****	
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0	#/mo	*****	*****	*****	*****	0 Monthly Estima
82607 RW0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	#/mo	*****	*****	*****	*****	0 Monthly ESTIMA
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****	NODI (A)	*****	*****	*****	*****	*****	DAILY VISUAL
82608 RW0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****	DAILY VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		(562) 628 1526	04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
2. NODI (A): The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	006A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/01/2015
No Discharge	<input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Blowout Preventer Fluid
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51689 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	Daily	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL	d	
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51705 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	Daily	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL	d	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the information system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
Jim Guijon Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	TELEPHONE (562) 628 1526
	DATE 04/22/2015
	AREA Code
	NUMBER MN/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULARS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802
ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	007A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Desalination Unit Discharge
02/01/2015	External Outfall

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	Req. Mon.	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO TOTAL		VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	TELEPHONE	DATE	
	(562) 628 1526	04/22/2015	
	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF01149	DISCHARGE NUMBER	008A-A
MONITORING PERIOD	MM/DD/YYYY		MM/DD/YYYY
	02/01/2015		02/28/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Fire Control System Water
 External Outfall
 No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****				
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily	VISUAL
Receiving Water									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	M	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE DATE (562) 628 1526 04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2
- NODI (A): Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAG001149
DISCHARGE NUMBER	009A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Non-Contact Cooling Water
02/01/2015	External Outfall
	<input checked="" type="checkbox"/> No Discharge

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Non-Contact Cooling Water
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI (9)	NODI (9)	0102	DAILY MX	mg/l
	PERMIT REQUIREMENT	*****	*****	*****	.00585 MO AVG	.00585 MO AVG			
50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	0	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE MEASUREMENT	68,571	bb/d	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****			
74076 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Monthly
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
		AREA Code MM/DD/YYYY	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
3. NODI (9): Quarterly/Not required this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG288000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFO01149	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Ballast and Storage Displacement Water
 External Outfall
 No Discharge C

DISCHARGE MONITORING REPORT (DMR)

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51669 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF01149	012A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Boiler Blowdown
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
51705 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	Mon.	
Receiving Water							MO TOTAL	d	Daily

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE DATE
		(562) 628 1526 04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	013A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	02/01/2015	MM/DD/YYYY	02/28/2015
			No Discharge <input checked="" type="checkbox"/>

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Test Fluids	
External Outfall	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT								
51689 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT								
Floating solids or visible foam-visual/days	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
	SAMPLE								
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Receiving Water	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT								
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	ESTIMA
	SAMPLE								
74076 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	*****	Monthly
Effluent Gross	SAMPLE								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the information system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	<table border="1"> <tr> <td>TELEPHONE</td> <td>DATE</td> </tr> <tr> <td>(562) 628 1526</td> <td>04/22/2015</td> </tr> <tr> <td>AREA Code</td> <td>NUMBER</td> </tr> <tr> <td>MM/DD/YYYY</td> <td></td> </tr> </table>			TELEPHONE	DATE	(562) 628 1526	04/22/2015	AREA Code	NUMBER	MM/DD/YYYY	
TELEPHONE	DATE										
(562) 628 1526	04/22/2015										
AREA Code	NUMBER										
MM/DD/YYYY											

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	014A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	02/01/2015	MM/DD/YYYY	Diatomaceous Earth Filter Media
MM/DD/YYYY	02/28/2015	MM/DD/YYYY	External Outfall

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Diatomaceous Earth Filter Media
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen 51689 RW 0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	Daily VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days 51705 RW 0 Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	d	Req. Mon. MO TOTAL	Daily VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted; based on my inquiry of the person or persons who manage this system; or those persons directly responsible for gathering the information. The information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
--	---	-----------------------------	--------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	015A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

CAF001149	015A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

00000000000000000000000000000000	00000000000000000000000000000000
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Bulk Transfer Material Overflow
02/01/2015	External Outfall
	No Discharge <input type="checkbox"/>

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****	0	d	Daily
51705 RW0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	<i>Jim Guion</i>
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
(562) 628 1526	04/22/2015
AREA Code	MM/DD/YYYY
NUMBER	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	016A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/01/2015
02/28/2015	

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall
No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
51705 RW 0	*****	*****	*****	*****	*****	*****	Req. Mon.	d	DAILY
Receiving Water							MO TOTAL		VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	04/22/2015 AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	017AA
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
51089 RW0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Floating solids or visible foam- visual/days	*****	*****	*****	*****	*****	*****			VISUAL
5105 RW0 Receiving Water	*****	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
AREA CODE	NUMBER	TELEPHONE	DATE
(562)	628 1526	04 22 2015	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	018A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Laboratory Waste
02/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> A

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Laboratory Waste
External Outfall
No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
	MEASUREMENT								
51689 RW 0 Receiving Water	*****	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT								
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
	MEASUREMENT								
51705 RW 0 Receiving Water	*****	*****	*****	*****	*****	*****	d	Daily	VISUAL
	PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	TELEPHONE (562) 628 1526 DATE 04/22/2015 AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Laboratory Waste commingled with Deck Drains and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULATED ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	019A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Excess Cement Slurry
02/01/2015	External Outfall

No Discharge C

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water									VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water									VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
Effluent Gross									
Flow	SAMPLE MEASUREMENT	0	bb/yr	*****	*****	*****			Calcd
74076 EG 0	PERMIT REQUIREMENT	1200	bb/yr	*****	*****	*****	*****	*****	Annual
Effluent Gross	YTD TOT								CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
AREA Code	NUMBER	MM/DD/YYYY	TELEPHONE DATE
(562)	628 1526	04/22/2015	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	020A-A
MONITORING PERIOD	(SUBR FW) Muds, Cuttings and Cement at Sea Floor External Outfall
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Muds, Cuttings and Cement at Sea Floor
 External Outfall

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO TOTAL	d	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO TOTAL	d	VISUAL
	SAMPLE	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	TELEPHONE (562) 628 1526 AREA Code MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	021A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	02/01/2015
No Discharge	C

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L	Monthly
Effluent Gross									GRAB
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Receiving Water	SAMPLE	*****	*****	*****	*****	*****			VISUAL
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Receiving Water	SAMPLE	*****	*****	*****	*****	*****			VISUAL
Flow	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	Req. Mon. MO TOTAL	*****	VISUAL
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	<i>Jim Guion</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.
- Submit RP analysis per permit requirement after sampling is completed.

TELEPHONE	DATE
(562) 628 1526	04/22/2015
AREA Code	NUMBER MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	022A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	H2S Gas Processing Waste Water
02/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 H2S Gas Processing Waste Water
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Receiving Water	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
51705 RW 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	Monthly	ESTIMA
Effluent Gross									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			
Jim Guion	TELEPHONE	DATE	
Executive Vice President, Chief Operating Officer	(562) 628 1526	04/22/2015	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PARTICIPATEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015
MONITORING PERIOD	

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Drilling Fluids and Cuttings
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE	*****		*****	*****			*****	
51707 1 0 Effluent Gross Cadmium [Cd], in barite, dry weight	PERMIT REQUIREMENT	Req. Mon. VALUE	Y=1,N=0	*****	*****			*****	End Of Well GRAB
78244 1 0 Effluent Gross Mercury [Hg], in barite, dry weight	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****			*****	
78245 1 0 Effluent Gross Drilling fluids, free oil	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****			3 DAILY MX	mg/kg Once per Batch
82589 1 0 Effluent Gross Drilling fluids, volume	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****			1 DAILY MX	mg/kg Once per Batch
82594 1 0 Effluent Gross Drill cuttings, free oil	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****			Req. Mon. MO TOTAL	d Daily when Discharging
82594 EG 0 Effluent Gross Drill cuttings, volume	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****			*****	DAILY ESTIMA
82595 1 0 Effluent Gross Drill cuttings, free oil static sheen test	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	*****	*****	*****			*****	Daily CALCTD
									Annual Cacld
									Annual
									Annual
									MM/DD/YYYY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	TELEPHONE (562) 628 1526	DATE 04/22/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- Drill fluid inventory refer to Attachment referenced, when applicable..
- Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG286000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
DISCHARGE NUMBER	001A-A
DISCHARGE DATE	MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE	*****		*****	*****	*****			
	MEASUREMENT	*****		*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbi	*****	*****		*****	Daily ESTIMA
	SAMPLE	*****	0	bbi	*****	*****			
Drilling cuttings, volume	MEASUREMENT	*****		*****	*****	*****		*****	Annual Calc'd
	PERMIT REQUIREMENT	*****	13350 YTD TOT	bbi	*****	*****			
82596 EG 0 Effluent Gross	SAMPLE	*****		*****	*****	*****		*****	Annual CALCTD
	MEASUREMENT	*****		*****	*****	*****			
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE	*****		*****	*****	*****		*****	GRAB
	MEASUREMENT	*****		*****	*****	*****			
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		*****	*****	*****		%	Contingent
	SAMPLE	*****		*****	*****	*****			
LC50 Static 96Hr Acute Mysid. Bahia	MEASUREMENT	*****		*****	*****	*****		*****	GRAB
	PERMIT REQUIREMENT	*****		*****	*****	*****			
TAB3E EG 0 Effluent Gross	SAMPLE	*****		*****	*****	*****		%	Contingent
	MEASUREMENT	*****		*****	*****	*****			
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE	*****		*****	*****	*****		%	Contingent
	MEASUREMENT	*****		*****	*****	*****			
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****		*****	*****	*****		%	Contingent
	SAMPLE	*****		*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Jim Guion
Executive Vice President, Chief Operating Officer
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	GRAB
AREA Code	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable..
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49"N LO 118°06'59"W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01149	002A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	No Discharge <input checked="" type="checkbox"/> A

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR F-W)
Produced Water Monthly
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oil and grease, hexane extr method MEASUREMENT	SAMPLE *****	*****	*****	*****	*****	*****	29	DAILY MX	mg/L
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	42			
Produced water, flow MEASUREMENT	SAMPLE *****	*****	*****	*****	*****	*****	*****	Weekly	GRAB
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	bb/d	*****	*****	*****			
82600 1 0 Effluent Gross									DAILY ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible to me for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
---	--	--	------------------------------------	---------------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Produced Water annual cumulative flow from Mar 1st thru Feb 28th each year.
- If Produced Water is discharged, 12 mo of monitoring is required for RP analysis
- Produced water is commingled and processed at Platform Elly before being injected or discharged.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49"N LO 118°06'59"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	003A-A
MONITORING PERIOD	MM/DD/YYYY		(SUBR FW)
MM/DD/YYYY	03/01/2015		Well Treatment, Completion and Workover Flui
			External Outfall

No Discharge A

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Flui

External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
04379 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	29	DAILY AVG	mg/l - Once per Occurance
Effluent Gross									GRAB
Number of Events	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51484 1 0	PERMIT REQUIREMENT	*****	*****	Req. Mon. TOTAL	#	*****			CALCTD
Effluent Gross									
Well fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82603 1 0	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO TOTAL	occur/mo	*****			GRAB
Effluent Gross									
Well fluids, volume	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
82604 1 0	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	bbl	*****			ESTIMA
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		(562) 628 1526	04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Type and # of Job: Completion, workover, treatment or combination.
- Free Oil Static Sheen Test.
- Chemical Inventory, refer to Attachment referenced, when applicable.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG2880000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	004A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
Deck Drainage	
External Outfall	No Discharge <input checked="" type="checkbox"/> A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE	*****	*****	*****	*****	*****	*****	*****	ESTIMA
	MEASUREMENT								
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly
	SAMPLE	*****	*****	*****	*****	*****			
Free Oil Visual Sheen 51689 RW 0 Receiving Water	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<i>Jim Guion</i>
Executive Vice President, Chief Operating Officer	
TYPED OR PRINTED	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Free Oil Sheen - # days observed
- NODI (A): Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 1111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	005A-A
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
MM/DD/YYYY	MM/DD/YYYY 03/31/2015
No Discharge	<input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****	*****	*****	*****	*****	*****	
51667 1 0	PERMIT REQUIREMENT	Reg. Mon. MO AVG	bbi/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Effluent Gross	Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	
82605 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Monthly GRAB
Effluent Gross	Sanitary waste, flow	SAMPLE MEASUREMENT	34	bbi/d	*****	*****	1	10	mg/L
82606 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbi/d	*****	*****	*****	*****	*****	Monthly ESTIMA
Effluent Gross	Sanitary waste, solids	SAMPLE MEASUREMENT	0	#/mo	*****	*****	*****	*****	0 Monthly Estima
82607 RVW 0	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	*****	*****	*****	*****	*****	Monthly ESTIMA
Receiving Water	Domestic waste, foam and floating	SAMPLE MEASUREMENT	NODI (A)	*****	*****	*****	*****	*****	DAILY VISUAL
solids	82608 RVW 0	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****	DAILY VISUAL
Receiving Water									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	04/22/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
2. NODI (A): The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	006A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Blowout Preventer Fluid
03/01/2015	External Outfall

No Discharge C

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
AREA Code NUMBER	MM/DD/YYYY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPANT NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	007A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Desalination Unit Discharge
03/01/2015	External Outfall

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Desalination Unit Discharge
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon.	d	DAILY
Receiving Water							MO TOTAL		VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Jim Guijon Executive Vice President, Chief Operating Officer		(562) 628 1526	04/22/2015
TYPED OR PRINTED		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33°33'49" N LO 118°06'59" W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01149	008A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
03/01/2015	

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Fire Control System Water
External Outfall
No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2
2. NODI (A): Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01149	009A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015
	No Discharge <input type="checkbox"/>

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Non-Contact Cooling Water
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	*****	*****	*****	NODI (9)	NODI (9)				
50060 1 0	*****	*****	*****	.00585	.0102	mg/l			
Effluent Gross				MO AVG	DAILY MX			Quarterly	GRAB
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****				
51705 RW0	*****	*****	*****	*****	*****				
Receiving Water				Req. Mon.	d	Daily		Visual	
Flow	SAMPLE	68,571	bb/d	*****	*****			DAILY	VISUAL
	MEASUREMENT			*****	*****				
74076 1 0	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****			Monthly	Estima
				*****	*****				ESTIMA
				*****	*****			Monthly	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion	 Executive Vice President, Chief Operating Officer		
TYPED OR PRINTED		TELEPHONE	DATE
	(562) 628 1526	04/22/2015	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2
- Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
- NODI (9): Quarterly/No required monitoring this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICIPATE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFF01149	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Ballast and Storage Displacement Water
 External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51689 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	Daily	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL		
Floating solids or visible foam-visual/days	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
51705 RW0	*****	*****	*****	*****	*****	*****	Req. Mon.	Daily	VISUAL
Receiving Water	PERMIT REQUIREMENT						MO TOTAL		
Flow	*****	*****	*****	*****	*****	*****			
	SAMPLE	MEASUREMENT							
74076 1 0	*****	*****	*****	*****	*****	*****	Req. Mon.	*****	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	bbl/d	*****	*****	*****	MO AVG	*****	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion	 Executive Vice President, Chief Operating Officer		
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAG001149
DISCHARGE NUMBER	011A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	MINOR
03/01/2015	Bilge Water
	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)

Bilge Water
External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	REQUIREMENT	*****	*****	*****	*****	*****			
Flow	SAMPLE	*****	*****	*****	*****	*****	*****	*****	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT	Req. Mon.	bb/d	*****	*****	*****	*****	*****	ESTIMA
	REQUIREMENT	MO AVG	*****	*****	*****	*****			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED		AREA Code MM/DD/YYYY	NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	012A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015
MONITORING PERIOD	

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Boiler Blowdown
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	VALUE	UNITS	VALUE	UNITS	VALUE			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
--	-------------------------	---

TELEPHONE	DATE
(562) 628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01149	013A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/31/2015
External Outfall	No Discharge <input checked="" type="checkbox"/>

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Test Fluids
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
Flow	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
	SAMPLE	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	Monthly
	SAMPLE	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE DATE (562) 628 1526 04/22/2015 AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	014A-A
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
MM/DD/YYYY	MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Diatomaceous Earth Filter Media
 External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY	SAMPLE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	SAMPLE	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Man. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED	Jim Guijon Executive Vice President, Chief Operating Officer		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149	DISCHARGE NUMBER	015A-A
MONITORING PERIOD	MM/DD/YYYY	(SUBR FW)	MINOR
MM/DD/YYYY	03/01/2015	Bulk Transfer Material Overflow	
03/31/2015		External Outfall	
		No Discharge	<input type="checkbox"/>

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
51705 RW0 Receiving Water									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
TYPED OR PRINTED	<i>Jim Guion</i>
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jim Guion	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
AREA Code	TELEPHONE
NUMBER	DATE
MM/DD/YYYY	(562) 628 1526

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULAR NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49"N LO 118°06'59"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	016A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Uncontaminated Water
03/01/2015	External Outfall

DMR Mailing ZIP CODE:	90802
MINOR	(SUBR FW)
No Discharge	A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
Receiving Water									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	TYPED OR PRINTED	(562) 628 1526	04/22/2015	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49" N LO 118°06'59" W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFG01149	017A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Water Flooding Discharges
 External Outfall
 No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW ⁰ Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam-visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW ⁰ Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  AUTHORIZED AGENT	TELEPHONE (562) 628 1526	DATE 04/22/2015
TYPED OR PRINTED 	AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	018A-A
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	03/01/2015
EXPIRATION DATE	03/31/2015

DMR Mailing ZIP CODE: 90802
 MINOR
 (SUBR FW)
 Laboratory Waste
 External Outfall
 No Discharge A

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNIT	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Floating solids or visible foam-visual/day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			VISUAL
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
									VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
	(562)	628 1526	04/22/2015

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. NODI (A): Laboratory Waste commingled with Deck Drains and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33°33'49"N LO 118°06'59"W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAG001149
DISCHARGE NUMBER	019A-A
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
MM/DD/YYYY	MM/DD/YYYY 03/31/2015
EXTERNAL OUTFALL	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Excess Cement Slurry
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Floating solids or visible foam-visual/day's	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
Flow	SAMPLE MEASUREMENT	0	bb/yr	*****	*****	*****	*****	*****	Monthly
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	bb/yr	*****	*****	*****	*****	*****	Calcd
									Annual
									Annual
									CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (562) 628 1526	DATE 04/22/2015
		AREA Code MM/DD/YYYY	NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
DISCHARGE NUMBER	020A-A
MONITORING PERIOD	(SUBR FW)
MM/DD/YYYY	Muds, Cuttings and Cement at Sea Floor
03/01/2015	External Outfall
	No Discharge <input checked="" type="checkbox"/> C

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 Muds, Cuttings and Cement at Sea Floor
 External Outfall

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE	*****	*****	*****	*****	*****	d	Daily	VISUAL
	MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	SAMPLE	*****	*****	*****	*****	*****			
Floating solids or visible foam- visual/days	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
51705 RW 0 Receiving Water	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Daily
	MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	(562) 628 1526 AREA Code NUMBER MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULATED ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAFF001149	021A-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

90802	DMR Mailing ZIP CODE:
MINOR	(SUBR FW)
Hydrotest Water	
External Outfall	

No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L	Monthly
Effluent Gross									GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Receiving Water									VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
Receiving Water									VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	DAILY
74076 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	bb/d	*****	*****	*****	*****	*****	ESTIMA
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering this information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TELEPHONE	DATE	AREA Code	MM/DD/YYYY
(562) 628 1526	04/22/2015		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Chemical Inventory, refer to Attachment 2.
- Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved
OMB No. 2040-0004

PARTICULATED NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BETA OFFSHORE PLATFORM EUREKA - CAG2880000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	CAF001149
MONITORING PERIOD	MM/DD/YYYY 03/01/2015
DISCHARGE NUMBER	022A-A
DISCHARGE DATE	MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE: 90802
MINOR
 (SUBR FW)
 H2S Gas Processing Waste Water
 External Outfall
No Discharge C

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Free Oil/Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51689 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
51705 RW0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	Daily	VISUAL
Flow	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	bbl/d	*****	*****	*****	*****	Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE (562) 628 1526	DATE 04/22/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				AREA Code NUMBER MM/DD/YYYY

Attachment 2

Chemical Inventory

ATTACHMENT 2
PLATFORM EUREKA
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
January 1, 2015 through March 31, 2015

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe¹ Concentration</u> (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
January	68,571	Chlorine	0.86	0.3
February	68,571	Chlorine	1.15	0.4
March	68,571	Chlorine	0.86	0.3
008 Fire Control System Water	N/A	None	N/A	N/A
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹Chemical quantity for non-contact cooling water calculated with Operations monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel).

N / A: Not chlorinated.

Attachment 3

Non-Contact Cooling Water
Chlorine Residual Results

ATTACHMENT 3
PLATFORM EUREKA

NON-CONTACT COOLING WATER CHLORINE RESULTS
January 1, 2015 through March 31, 2015

<u>Discharge</u>	<u>Measurement Frequency</u>	<u>Average Monthly Limit</u> <u>Post Dilution</u> (mg/l)	<u>Maximum Daily Limit</u> ¹ <u>Post Dilution</u> (mg/l)	<u>Result Post Dilution</u> (mg/l)	<u>End-of-Pipe Concentration</u> <u>Dilution</u> (mg/l)	<u>EPA Plumes</u>
009 Non-contact Cooling Water Sample Date: 01/19/15	Once/Quarter	0.00585	0.0102	<	0.0003 < 0.05	EPA Method 330.5 146:1

¹ Limits are post-dilution as listed in the new permit, Appendix C.

Attachment 4

Prohibited Discharges

ATTACHMENT 4
PLATFORM EUREKA
Prohibited Discharges
January 1, 2015 through March 31, 2015

<u>Prohibited Discharge</u>	<u>Permit Requirement/Limit</u>	<u>Monitoring Results</u>
Free Oil ¹	0 days sheen observed on the receiving water during daylight hours	0 Days
Foam ¹	0 days foam observed on the receiving water during daylight hours	0 Days
Floating Solids ¹	0 days solids observed on the receiving water during daylight hours	0 Days
Surfactants ²	Minimize	Minimized
Detergents ²	Minimize	Minimized
Dispersants ²	Minimize	Minimized
Produced Sands ³	No Discharge	No Discharge
Halogenated Phenol Compounds ⁴	No Discharge	No Discharge
Chrome Lignosulfonate ⁴	No Discharge	No Discharge
Tracer Materials ⁵	Limited	Limited
Garbage ⁶	No Discharge	No Discharge

¹ Free Oil, Foam, and Floating Solids: Monitoring by visual observation of the surface of the receiving water in the vicinity of the outfalls shall be conducted during daylight hours.

² The discharge of surfactants, dispersants, and detergents shall be minimized except as necessary to comply with safety requirements of the Occupational Health and Safety Administration and BSEE. The discharge to marine waters in response to oil or other hazardous spills is not authorized.

³ There shall be no discharge of produced sands.

⁴ Other Toxic and Non-conventional Compounds: There shall be no discharge of diesel oil halogenated phenol compounds, or chrome lignosulfonate. Diesel oil discharge information will be located under the Drilling Inventory attachment when applicable.

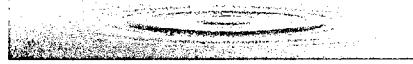
⁵ Radioactive tracer concentration above the background in the parent, discharge waste stream shall be limited in 10 CFR 20 Appendix B, Table II, Column 2, Effluent Concentrations, Water.

⁶ The discharge of garbage is prohibited.

Attachment 5

**Laboratory reports for Oil and Grease
and additional NPDES monitoring**

Laboratory Quality Control Reports



LTS ENVIRONMENTAL, INC.

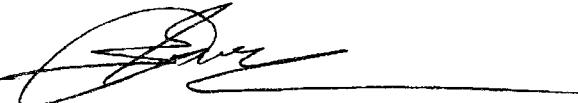
Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

January 22, 2015

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5)
January 19, 2015 @ 1700 hrs	Platform Eureka Non-Contact Cooling Water Outlet West Seawater Pump	<u>End of Pipe</u> < 0.05 mg/l
LTS Meter S/N: 12040E195572 Technician: Cole Jenkins		Method Blank < 0.05 mg/l (MDL)



S.G. Lawry
Environmental Specialist / LTS

LTS ENVIRONMENTAL, INC.

September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine <i>(EPA Method 330.5)</i>	
September 5, 2014		
LTS meter (SN 041200088375)	0.57 mg/l	
LTS meter (SN 12040E195572)	0.52 mg/l	
RT Corporation test sample: (Lot #QC1065-021081)		
Acceptance Limits	0.481 – 0.835 mg/l	
Certified Value	0.658 mg/l ± 0.0110	
	Method Blank < 0.05 mg/l	
LTS Lead Technician: Mike Apple		



S.G. Lawry
Environmental Specialist
President, LTS